

Date: November 16, 1998

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

Subject: GUINEA WORM WRAP-UP #84

To: Addresses

ministry's elation at General Gowon's new role during his welcoming remarks to the opening session of the Program Review. NIGEP is also obtaining a new, Nigerian version of printed "Guinea Worm cloth", with support provided by The Carter Center.

REVIEW MEETING OF GLOBAL 2000 ASSISTED PROGRAMS IN NIGERIA;
GUINEA WORM ERADICATION PROGRAM, OCTOBER 28-30,1998
HELD AT CONFERENCE HALL, FEDERAL SECRETARIAT, MAITAMA, ABUJA

After a critical review of the implementation of the Nigerian Guinea Worm Eradication Programme on the first day of the Review Meeting (October 28, 1998) it was unanimously agreed that the understated recommendations would assist the implementers to achieve total eradication by December 31, 2000. The following are the recommendations:

ALL ZONES

1. The Primary Health Care (PHC) system should strengthen its collaboration with NIGEP to ensure that the goal of eradication by December 31, 2000 will be attained.
2. Other national health programmes are encouraged to extend their activities to formerly-endemic villages and to report or instruct the community leaders to report cases of guinea worm disease, should they occur.
3. The Federal Government should direct water supply agencies to target and prioritize guinea worm villages for provision of safe drinking water in accordance with national standards (250 inhabitants per borehole; 100 per hand-dug well).
4. State and Local Governments are encouraged to provide transportation, or transportation allowances, to enable first-line supervisors to visit their endemic villages monthly.
5. NIGEP should investigate the role of nomadic peoples in the transmission of guinea worm disease.
6. All NIGEP Zones must maintain 100% coverage of all households in endemic villages with filters.
7. The zones should implement the international standards for case containment and ensure that all cases of guinea worm disease are kept under observation until the worms are manually extracted.
8. Every village should have a Village Health Committee/Task Force to assist and support the NIGEP VBHWs.
9. NIGEP should negotiate with the Village Health Committees/Task Forces of all endemic villages an agreement that describes the roles and obligations of both NIGEP and communities in the eradication

- working with LGAs to increase the number of first-line supervisors; and
- establishing a Village Task Force (VTF) for all endemic villages.

SOUTHEAST ZONE

1. Supervisory staff of the SE Zone need to ensure that village-based surveillance is proactive and all cases are detected and contained. Supervisors should always check a sample of households to ascertain that additional unreported cases are prevented in the village.

NORTHWEST ZONE

1. NW Zone should conduct active case searches in formerly-endemic states to verify absence of transmission of guinea worm disease.

IS GUINEA WORM DISEASE ENDEMIC IN CENTRAL AFRICAN REPUBLIC?

As the Guinea Worm Eradication Program draws closer to conclusion, the question of whether or not autochthonous cases of dracunculiasis are occurring in the Central African Republic (C.A.R.) or not becomes increasingly important. C.A.R. borders three known endemic countries (Cameroon, Chad, Sudan), and is listed by WHO (1996 and 1997 Dracunculiasis Global Surveillance Summaries in the Weekly Epidemiological Record) and by the International Commission for Certification of Dracunculiasis Eradication (in the report of its Third Meeting, in February 1998) as “endemic” for dracunculiasis. According to the global surveillance summaries, C.A.R. reported 8 indigenous and 10 imported cases in 10 endemic (sic) villages in 1995, 9 indigenous cases in 8 endemic villages in 1996 and 5 cases in 3 endemic villages in 1997. The documentation of these alleged cases, however, is extremely poor or lacking. The report of cases in 1996, for example, is based on retrospective observation of supposedly “typical scars” in people who said they had had a worm emerge. What is needed is specific evidence to indicate that the cases reported in C.A.R. were confirmed by a reliable medical authority (did the observer actually see a worm emerging?), and if so, whether the likelihood of the infection having been imported from another country has been excluded. With so much at stake, more thorough investigation and more convincing evidence are badly and urgently needed to establish or refute the existence of indigenous cases of dracunculiasis in C.A.R., just as all other countries have done. The difficulties of accessing the remote suspect areas, and recent civil disruptions, won’t make conducting a proper investigation to establish endemicity (and if indicated, implement effective control measures) easy. Neither will they excuse incorrect assurances to the contrary.

TWO DONATIONS FOR SUDAN

AGCO Corporation of Atlanta, Georgia, through its subsidiary AGCO Limited of Coventry, England, has donated seven new tractors for use by the Guinea Worm Eradication Program of Sudan, in response to an appeal by The Carter Center. The

VESTERGAARD-FRANDSEN DONATES FILTER CLOTH

Mr. Torben Vestergaard Frandsen, director of Vestergaard Frandsen, has notified The Carter Center of his company's donation of 3,000 square meters of filter material to Global 2000 for use in the Guinea worm eradication campaign. The donation also includes costs of shipping the material to Africa.

IN BRIEF:

- American Cyanamid Company of American Home Products has informed us that 4000 liters of

Table 1

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												TOTAL*	%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
SUDAN	465 / 1328	856 / 1254	889 / 1524	1618 / 2627	2126 / 3475	3572 / 5948	2763 / 6085	2622 / 4334	2875 / 4434	/	/	/	17786 / 31009	57
NIGERIA	1520 / 1549	1166 / 1259	1186 / 1279	847 / 955	949 / 1234	953 / 1484	947 / 1383	764 / 1163	394 / 640	479 / 907	/	/	9205 / 11853	78
GHANA **	870 / 1277	535 / 709	478 / 554	276 / 382	208 / 263	169 / 226	132 / 178	40 / 58	53 / 67	/	/	/	2761 / 3714	74
NIGER	7 / 11	4 / 4	5 / 5	42 / 43	129 / 168	277 / 367	411 / 687	378 / 575	315 / 468	154 / 237	/	/	1722 / 2565	67
BURKINA FASO	1 / 1	1 / 6	1 / 17	11 / 158	118 / 289	95 / 489	170 / 535	43 / 79	/	/	/	/	440 / 1574	28
TOGO	78 / 265	25 / 130	36 / 94	32 / 47	30 / 47	57 / 74	59 / 124	73 / 123	101 / 243	158 / 326	/	/	649 / 1473	44
UGANDA ***	7 / 8	3 / 6	24 / 43	164 / 226	204 / 295	154 / 182	116 / 127	64 / 70	45 / 48	30 / 32	/	/	811 / 1037	78
COTE D'IVOIRE	151 / 251	110 / 138	115 / 184	65 / 195	110 / 158	96 / 121	32 / 40	24 / 39	10 / 53	/	/	/	713 / 1179	60
MALI	9 / 10	2 / 5	0 / 0	18 / 24	4 / 8	21 / 63	41 / 94	93 / 149	76 / 101	/	/	/	264 / 454	58
BENIN	88 / 103	22 / 36	10 / 10	29 / 30	26 / 26	10 / 10	6 / 6	8 / 8	25 / 25	/	/	/	224 / 254	88
ETHIOPIA	1 / 1	6 / 6	10 / 11	58 / 60	70 / 73	87 / 89	79 / 84	28 / 28	5 / 5	0 / 0	/	/	344 / 357	96
MAURITANIA	0 / 0	0 / 0	0 / 0	4 / 4	0 / 0	1 / 1	27 / 27	/	/	/	/	/	5 / 32	16
CHAD	0 / 0	2 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	2 / 2	100
YEMEN	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	0 / 0	-
SENEGAL	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	0 / 0	-
CAMEROON ****	0 / 0	0 / 0	0 / 0	0 / 0	1 / 2	4 / 4	8 / 8	5 / 5	2 / 2	/	/	/	20 / 21	95
TOTAL*	3197 / 4804	2732 / 3555	2754 / 3721	3164 / 4751	3975 / 6038	5496 / 9058	4764 / 9378	4142 / 6631	3901 / 6086	821 / 1502	0 / 0	0 / 0	34946 / 55524	63
% CONTAINED	67	77	74	67	66	61	51	62	64	55			63	

* Provisional

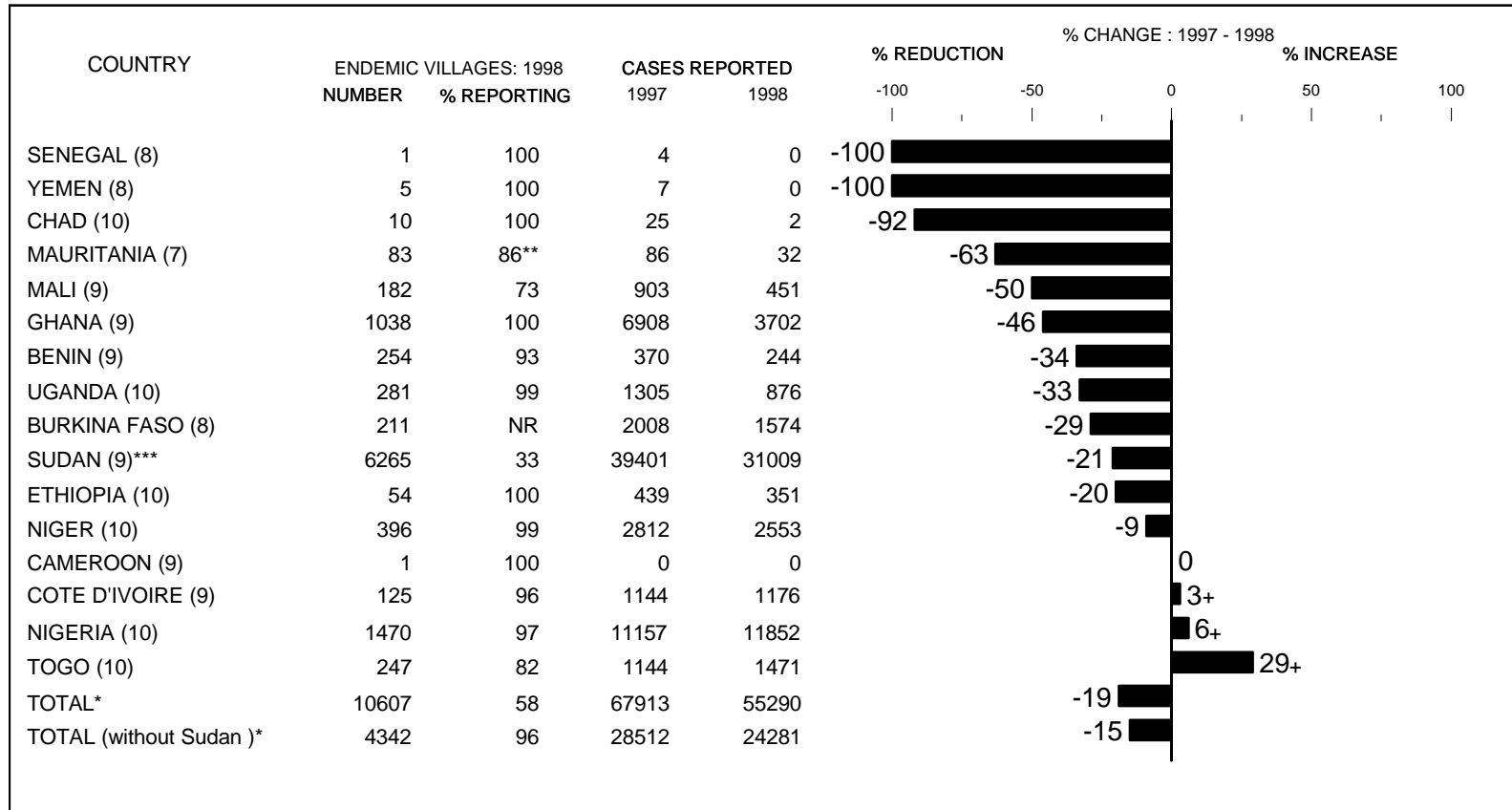
** Reported 1 case imported from Togo in May and 11 in June.

*** Reported 5 cases imported from Sudan in March, 13 in April, 49 in May, 41 in June, 45 in July, 7 in August, and 1 in September.

**** Reported 2 cases imported from Nigeria in May, 4 in June, 8 in July, 5 in August, and 2 in September.

Figure 3

Percentage of endemic villages reporting and percentage change in number of indigenous cases of dracunculiasis during 1997 and 1998 *, by country



* Provisional. Totals do not include imported cases.

** During January - March. Percent reporting since April not reported.

*** Countries with low rate of reporting (< 50%) from endemic villages. Percent reductions are over estimates due to under reporting from endemic villages.

(8) Denotes number of months for which reports were received, e.g., Jan. - Aug., 1998

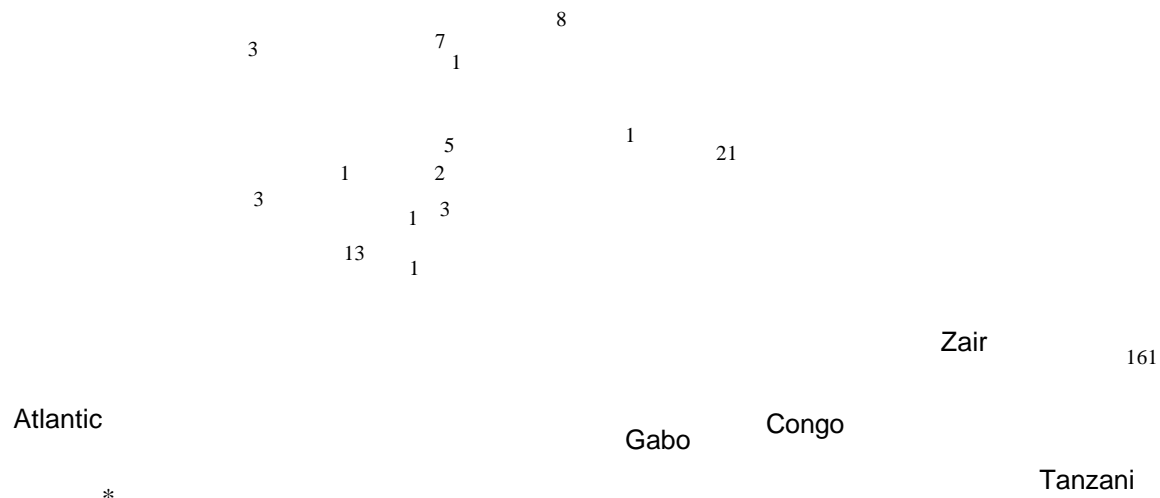
NR Indicates No Reports Received.

Table 2

		Month	Number	Cases Contained	Notified*
Benin	Niger	July	1	0	1
Burkina Faso	Niger	January	1		

Figure 4

Dracunculiasis Eradication Reported Importations of Cases of Dracunculiasis:



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Figure 5 **Decline of cases of Dracunculiasis in Benin, Cote d'Ivoire, Mali, And Togo: 1990 - 1998***



*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 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.



CDC is the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis.