

**Memorandum**

Date December 1, 1985

From WHO Collaborating Center for
Research, Training, and Control of Dracunculiasis

Subject GUINEAWORM WRAP-UP #10

To Addressees

INTERNATIONAL ACTIVITIESAFRICAN REGIONAL CONFERENCE ON DRACUNCULIASIS

The African Regional Conference on Dracunculiasis will be convened in Niamey, Niger, February 17-20, 1986, under the auspices of the African Regional Office of WHO. The chief co-sponsors to date, in addition to WHO, are the Carnegie Corporation of New York and the United States Agency for International Development (USAID). The main objectives of this meeting, which comes at a critical time of increasing activity against dracunculiasis in West Africa, were given in the previous issue of Guineaworm Wrap-Up.

NATIONAL ACTIVITIESBURKINA FASO

The Ministry of Public Health of Burkina Faso recently established a National Commission for the Control of Dracunculiasis to oversee an aggressive new national offensive against the disease in that country. A specific plan of action, including an intensive (4 years) phase, and a lower cost (4-6 years) alternative, has been drawn up. In endemic zones, the annual attack rates range from 10 to 70% of the population. The peak period of endemicity is June to September. The ultimate goal is elimination of dracunculiasis from Burkina Faso.

INDIA

The United States Agency for International Development (USAID/India) has offered to support fully the costs of deploying a minimum of 14

Indian epidemiologists, each to head up an epidemiological team, to work full time on dracunculiasis in the six remaining endemic states. Deployment of such teams was one of the main recommendations of the Independent Appraisal Team, which reviewed operations of the Indian Guinea Worm Eradication Programme in January this year.

NIGER

The final report of the October 1984 consultation funded by WHO/AFRO and USAID, "Proposed Plan of Action for the Establishment of a National Dracunculiasis and Schistosomiasis Control Programme in Niger," has been submitted to the African Regional Office of WHO and the Government of Niger.

NIGERIA

As a follow up to the National Conference on Dracunculiasis held in March 1985, it has been decided to establish an Eastern Zone (9 states) and a Western Zone (11 states, including the Federal Capital Territory) to facilitate country-wide data collection. Each state will have its own representative who will be responsible for all the activities relating to data collection on dracunculiasis in that state, and who will report to the respective Zonal Coordinator. Membership has also been established for the National Steering Committee for the Eradication of Dracunculiasis in Nigeria. Field operations are expected to commence in November, with the assistance of UNICEF/Nigeria. Proceedings of the National Conference should be available very soon. A summary account of the March 1985 conference appeared in WHO's Weekly Epidemiological Record in August (see Recent Publications).

TOGO

UNICEF has begun collaborating with the Ministries of Public Health and Education to implement a program for teaching school children about guinea worm disease. The health education effort will begin in schools in the known endemic areas of Togo.



RECENT PUBLICATIONS

Anonymous, 1985. Guineaworm Eradication Programme, Report of the Independent Appraisal Team (16th-29th January, 1985). Division of Helminthology, National Institute of Communicable Diseases, 22 Shannath Marg, Delhi - 110054.

Ilegbodu, Victor A.E., 1983. Socio-environmental factors associated with the distribution of Dracunculus medinensis (guinea worm disease) and suggested methods for control, Iharapa, Nigeria, 1982 (Doctoral Dissertation), University of Texas Health Science Center at Houston, School of Public Health, Houston, Texas. This important dissertation documents, among its many contributions: (1) that infected farmers in the study area were unable to farm at critical periods for an average of 13 weeks; (2) that dracunculiasis is the leading cause of school absenteeism in the study area, with infected pupils out for an average of nine weeks--often the same pupils, year after year; and (3) that the kerosene and wood required to boil drinking water daily is at least \$20 per year per family.

National Research Council Workshop Steering Committee and BOSTID staff (eds.), 1985. Workshop on opportunities for control of dracunculiasis: Contributed Papers, Washington, D.C.: National Academy Press, 177pp. (Includes an extensive bibliography of over 1,000 entries, by Dr. Ralph Muller). Copies available from:

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for International Development
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2101 Constitution Avenue, N.W.
Washington, D.C. 20418 U.S.A.

Roundy, R.W., 1985. Clean water provision in rural areas of less developed countries. Soc. Sci. Med. 20:293-300.

Sridhar, M.K.C., Kale, O.O., Adeniyi, J.D., 1985. A simple sand filter to reduce guinea worm disease. Waterlines 4:16-19.

World Health Organization, 1985. Dracunculiasis: India. Wkly Epidem. Rec. 60:361-363.

World Health Organization, 1985. Dracunculiasis: Ivory Coast. Wkly Epidem. Rec. 60:207-209.

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Zaman, V., Connor, D.H., Ahmed, M., 1985. A dracunculiasis case with unusual presentation from Pakistan. Acta Tropica 42:195-196.



CDC is the WHO Collaborating Centre for Research, Training, and Control of Dracunculiasis.