



Memorandum

Date April 8, 1991



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

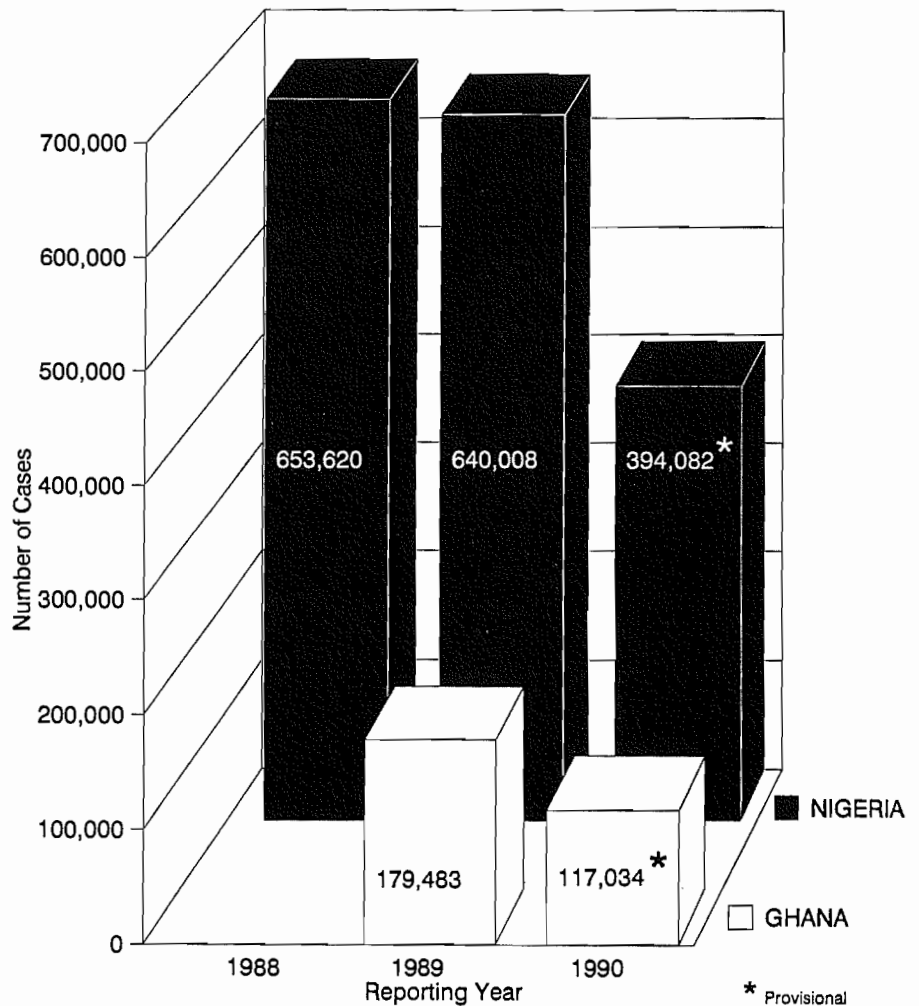
Subject GUINEA WORM WRAP-UP #31

To Addressees

GHANA, NIGERIA REDUCE DRACUNCULIASIS BY ONE-THIRD

Provisional results of active surveillance in Ghana and Nigeria in 1990 show that both countries reduced the incidence of dracunculiasis dramatically since 1989. In Ghana, the reduction of cases was 34.8%, from 179,483 cases in 6515 villages in 1989 to a provisional total of 117,034 cases in 4768 villages in 1990. During the same period, Nigeria reduced its cases by 38.4%, from 640,008 cases in 6097 villages in 1989 to a provisional total of only 394,082 cases in 5238 villages in 1990. The 1990 Nigeria data do not include Kano State, which found less than 6000 cases in 1989. These substantial reductions are added proof that these two most highly endemic countries are well on the way to achieving their goals of eradicating dracunculiasis by 1993 (Ghana) and 1995 (Nigeria).

NUMBER OF CASES OF DRACUNCULIASIS DETECTED DURING NATIONAL SURVEYS IN NIGERIA (1988-1990) AND GHANA (1989-1990)





INTERNATIONAL ACTIVITIES

NATIONAL PROGRAM MANAGERS MEET IN BRAZZAVILLE



The national managers or other representatives of dracunculiasis eradication programs of every African endemic country except Mali met at the African Regional Office of the World Health Organization in Brazzaville, Congo, on March 25-28, 1991. All of the 17 currently endemic countries except Kenya and Niger have now designated national program managers or coordinators. (The list of their addresses is shown on page 6.) In addition to the reports of significantly reduced endemicity in Ghana and



Nigeria, five countries reported having recently completed their first national case searches (Benin, Burkina Faso, Mauritania, Senegal, Togo), which were conducted with the financial assistance of UNICEF. It is especially significant that Burkina Faso only found less than 45,000 cases. This and other surveillance data suggest that the total number of cases occurring annually is probably now less than 3 million, although many more are still at risk of the disease. At least five African countries plan national conferences on dracunculiasis eradication in 1991: Nigeria (March), Ghana (April), Cameroon (June 6), Burkina Faso (May or June), and Cote d'Ivoire (November).

Representatives of several countries, including Gambia and Guinea, expressed the need for specific official guidance from WHO regarding the kind of surveillance that will be necessary for them to secure certification of dracunculiasis elimination. The meeting was opened by Dr. G. L. Monekosso, WHO Regional Director for Africa. Other sponsoring agency representatives present were Dr. James Sherry of UNICEF, Dr. Ernesto Ruiz-Tiben of the WHO Collaborating Center at CDC, Dr. Phillippe Ranque of WHO headquarters, and Dr. Donald Hopkins of Global 2000. This meeting was also supported by the United Nations Development Program (UNDP). Also attending were Dr. Fred Wurapa of WHO/AFRO, Dr. Alhousseini Maiga of the WHO/AFRO subregional office in Bamako, Mali, Mr. Jaime Henriquez of the U.S. Peace Corps, and Dr. Anders Seim of Health and Development International. A more complete summary of this meeting, with its recommendations, will be published in WHO's Weekly Epidemiological Record.

DRAFT RESOLUTION FOR 1991 WORLD HEALTH ASSEMBLY

In January, WHO's Executive Board approved a draft resolution on dracunculiasis eradication for consideration at the World Health Assembly in Geneva in May. The member states of WHO, especially delegates from currently endemic countries, should urge that this draft resolution be strengthened in order to secure support for WHO's early action on certification of elimination (which is each country's only means of assuring that neighboring countries have also eliminated dracunculiasis) and in order to formalize the specific goal of eradication by 1995, rather than "in the 1990s". The relevant operative paragraphs of this draft resolution (EB87.R4) are as follows:



ERADICATION OF DRACUNCULIASIS

The Executive Board, . . .

RECOMMENDS to the Forty-fourth World Health Assembly the adoption of the following resolution:

The Forty-fourth World Health Assembly, . . .

DECLARES its commitment to the goal of eradicating dracunculiasis during the 1990s, as being technically feasible given appropriate political, social, and economic support; . . .

URGES the Director-General:

- (1) to support global efforts to eradicate dracunculiasis during the 1990s, particularly by the certification by WHO of the elimination of dracunculiasis country by country;
- (2) to support Member States in surveillance, programme development, and implementation;
- (3) to continue to seek extrabudgetary resources for this purpose; . . .

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NATIONAL ACTIVITIES



NIGERIA CELEBRATES G-W DAY, ISSUES POSTAGE STAMPS



Nigeria held its second annual national Guinea Worm Eradication Day on March 20, to coincide with the opening of its Fourth National Conference on Dracunculiasis. The national day is celebrated to help raise public awareness of the disease and its prevention, and to commemorate the opening day of its second national conference in 1989 when the Government of



Nigeria announced a policy of giving priority to villages with Guinea worm for safe water supply. The Honorable Minister of Health, Prof. Olikoye Ransome-Kuti held a press briefing on March 19 to release the dramatic provisional results of the latest search for cases (see page 1). He said 1991 and 1992 "will be remembered as the years when we broke the back of Guinea worm in Nigeria". At the opening ceremonies on March 20, the Vice President of Nigeria, the Honorable Augustus Aikhomu announced a new directive that the endemic Local Government



Areas throughout the country were to allocate "at least 10%" of their health budgets for Guinea worm eradication activities in their areas. The Vice President then unveiled three new commemorative postage stamps, which were issued for the first time that day. At the ceremony, the representative of Nigeria's Postmaster General expressed his "sincere hope that these stamps will carry the message [of Guinea worm eradication] to all nooks and corners of Nigeria". These events received extensive coverage on Nigerian radio, television, and in national newspapers and magazines. An invited representative from Cameroon, Dr. Hamidou Issoufa, presented a report on his country's GWEP at the conference.

INDIAN NATIONAL TASK FORCE MEETS

India's Thirteenth Task Force on Guinea Worm Eradication met under the chairmanship of the Directorate General of Health Services, Government of India, on January 17-18, at the National Institute of Communicable Diseases in Delhi. According to Dr. Ashok Kumar, Deputy Director of NICD, the purposes of the task force meeting were to carry out an in-depth review of the Guinea worm situation in the country, implementation and performance of the Guinea Worm Eradication Program, major actions undertaken on the recommendations of earlier task force meetings on the program, achievements in the program since 1984, and the preparation of a plan of action for the program to achieve zero incidence of Guinea worm disease in the country by the end of 1991.



Recent surveillance figures released by the program are given below. The number of known endemic villages in India was reduced from 3638 in 1989 to 2592 in 1990. Only 897 of these villages actually reported active cases during 1990.

<u>State</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
Rajasthan	5619	4872	3376
Karnataka	1909	896	634
Madhya Pradesh	2565	1408	333
Andhra Pradesh	407	224	224
Maharashtra	1496	475	209
Gujarat	27	6	22
<u>Tamil Nadu</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL, INDIA	12,023	7,881	4,798

GHANA: "THE WORM MUST BE FOUGHT"

Results from the latest surveillance reports show the effect of a project by the Japanese International Corporation Agency (JICA) to provide borehole wells to endemic villages of the highly affected Nanumba District in Ghana's Northern Region. Between January



1988 and March 1989, a total of 159 wells were inaugurated by the project. The highly publicized visit in June 1988 of the Ghanaian head of state to personally educate villagers about how to prevent Guinea worm included several villages of this district. The combined effect of health education and provision of safe water in the villages of Nanumba District reduced the incidence of dracunculiasis by 77% between 1989 and 1990, a higher rate of decline than in any other district.

Dr. Sam Bugri, the National Coordinator of Ghana's Guinea Worm Eradication Program, and Mr. Larry Dodd, the resident Global 2000 Project Director, attended a workshop held near Accra in February for the rural water supply sector of the country. The purpose of the workshop, which was sponsored by the World Bank-UNDP and the Ministry of Housing and Public Works, was to review a draft comprehensive report on the rural water supply sector of the country in preparation for a new \$30 million rural water supply project due to begin next year. Provisional data from the latest 1990 surveillance reports were provided to national and international agencies present, who were encouraged to help eliminate the disease from the country by 1993. The final report of the 1990 surveillance figures will be released at a national meeting of regional directors of health on April 12. Up to 100,000 donated nylon filters will be distributed by the end of April.

"We urge communities that suffer from the seasonal bouts of the disease [dracunculiasis] not to keep it to themselves because they would be denying themselves information and education that can help uproot the disease. The worm must be fought and we should all join hands to achieve the set target of eradicating it by 1993 as part of the general efforts to achieve health for all by the year 2000." Editorial, "Fighting the Worm," in People's Daily Graphic, Accra, February 19, 1991.

NEW CDC GUIDELINES



The WHO Collaborating Center at CDC recently completed "Guidelines for Health Education and Community Mobilization in Dracunculiasis Eradication Programs," in collaboration with Global 2000. The guidelines, which are available in English and should be available in French by about June 1 this year, can be obtained free of charge by writing Dr. Ernesto Ruiz-Tiben, WHO Collaborating Center for Dracunculiasis, Centers for Disease Control (F-22), Atlanta, Georgia 30333, USA. Financial support for preparation and translation of these guidelines was provided by the United Nations Development Program (UNDP).

DATES SET FOR FOURTH AFRICAN REGIONAL CONFERENCE

The Fourth African Regional Conference on Dracunculiasis is now tentatively scheduled to be held on March 17-19, 1992, in Nigeria. Additional details will be provided in future issues.

LIST OF DRACUNCULIASIS ERADICATION NATIONAL PROGRAM MANAGERS

Benin:

Dossou Yovo Julien M.
BP 2791, Cotonou
S/C UNICEF Cotonou
Tel: 300-942 300-266
Telex: 5083; FAX: 300-697

Burkina Faso:

Kambire, Sie Roger
Ministere de la Sante
et Action Sociale/DCMT
BP 7013, Ouagadougou
Tel: 30-27-90 33-49-38

Cameroon:

Dr. Sam-Abbenyi, Amos
Ministry of Public Health
Yaounde
Tel: (237) 23-23-72 22-44-19
Telex: 8564 KN; FAX: (237) 22-38-97

Central African Republic:

Dr. Fleurie Mamadou Yaya
BP 783, Bangui
Tel: 61-59-61

Chad:

Doumde Nguendeng Mathieu
DMPSR
BP 759, Ndjamenas
Tel: 51-44-59 51-23-70

Cote d'Ivoire:

Boualou Bi Dje
Direction de la Sante Communautaire
BP V 16, Abidjan
Tel: 32-41-91

Ethiopia:

Dr. Seyoum, Taticheff
Nat'l Research Inst of Health
P.O. Box 1242, Addis Ababa

Ghana:

Dr. Bugri, Sam
Ministry of Health
P.O. Box 99, Tamale
Tel: 667-617; FAX: 668-556

Kenya:

Dr. Sang, David K.
Ministry of Health
Division of Vector Borne Diseases
P.O. Box 20750, Nairobi
Tel: 725-601

Mali:

Dr. Dembele, Philippe A.
MSP/AS
BP 228, Bamako

Mauritania:

Dr. Sidi Mohamed Ould Mohamed Lemine
S/C Bureau de l'OMS
BP 320, Nouakchott
Tel: 52402; Telex: 811

Niger:

Kane Mohamed Salissou
Ministere Sante Publique
BP 371, Niamey
Tel: (227) 72-37-83

Nigeria:

Dr. Sadiq, Lola Korede
Federal Ministry of Health
Secretariat Phase Two, Rm. 927
Ikoyi, Lagos
Tel: 684-073 680-111 680-518
FAX: 680-111

Senegal:

Dr. Abou Bekr Gaye
Ministere de la Sante Publique
et Action Sociale
Dakar
Tel: 24-74-34

Sudan:

Dr. El Khittam, Farouk
Ministry of Health
BP 303, Khartoum

Togo:

Dr. Edoth, Ananou
Ministere de la Sante Publique
Service des Grandes Endemies
BP 4545, Lome
Tel: 21-33-22 21-31-28

Uganda:

Dr. Mpigika, Gilbert
ADMS/CDC
Ministry of Health
P.O. Box 8, Entebbe

Reported Cases of Dracunculiasis: 1986 - 1989 and Provisional Numbers for 1990

Country	1986	1987	1988	1989	1990
Benin	...	400	33962	7172	37414 +
Burkina Faso	2558	1957	1266	5122	42187 +
Cameroon	86	...	752 +	871 +	742 +
Central African Republic	0	1322	...	...	10 +
Chad	314	...	...	...	...
Cote d'Ivoire	1177	1272	1370	1555	1360
Ethiopia	3385	2302	1487	3565	...
Gambia	0	0	...	...	0 +
Ghana	4717	18398	71767	179556 +	117034 +
Guinea	0	0	...	1	0 +
India	23070 +	17031 +	12023 +	7881 +	4798 +
Kenya	...	...	...	5 +	6 +
Mali	5640	435	564	1111	884
Mauritania	...	227	608	447	8036 +
Niger	...	699	...	288	...
Nigeria	2821	216484	653492 +	640008 +	394082 +
Pakistan	...	2400	1110 +	534 +	160 +
Senegal	128	132	138	...	38 +
Sudan	822	399	542	...	...
Togo	1325	...	178	2749	...
Uganda	...	...	1960	1309	...

From passive reporting and/or area-limited searches unless otherwise indicated.
 + National survey.
 ... No data available.



RECENT PUBLICATIONS

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Fagbemi BO, Hillyer GV, 1990. Immunodiagnosis of dracunculiasis by falcon assay screening test-enzyme-linked immunosorbent assay (fast ELISA) and by enzyme-linked immunoelectrotransfer blot (EITB) technique. Am J Trop Med Hyg, 43:665-668.

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Kumar A, Biswas G, Kaul SM, Joshi GC, 1991. Report and recommendations of XIII Task Force Meeting, Guineaworm Eradication Program in India. Delhi: National Institute of Communicable Diseases.

Seim AR, 1990. Er medisinenens symbol i ferd med a utryddes? Tidsskr Nor Loegeforen, 110:3946-3948.

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