



# Memorandum

Date July 5, 1996



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

Subject GUINEA WORM WRAP-UP #58

To Addressees

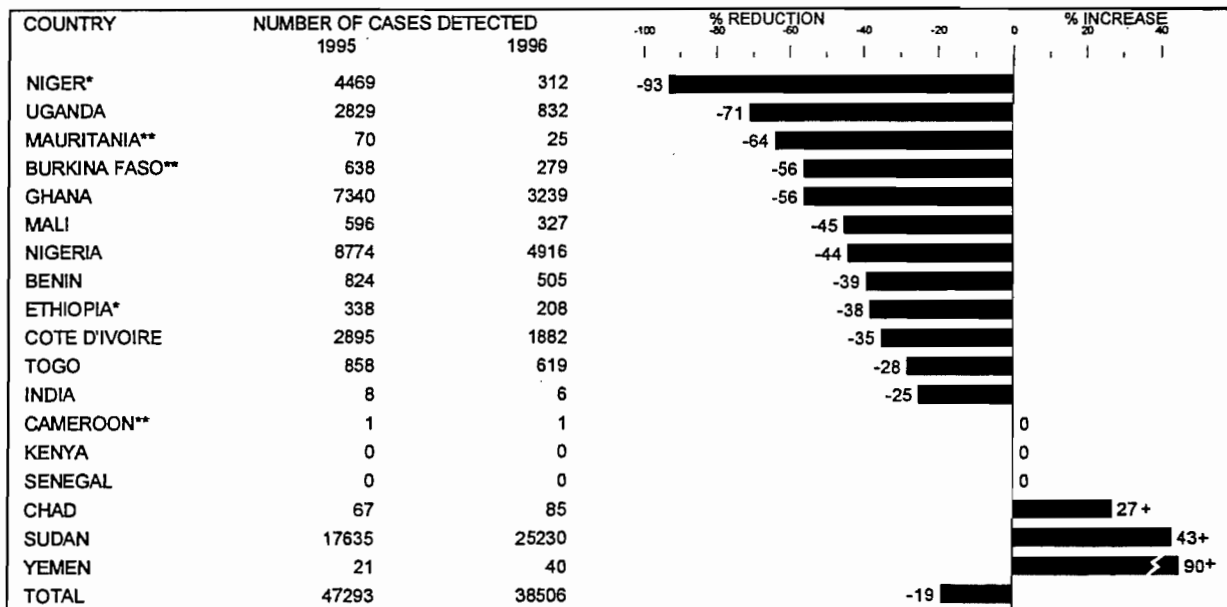
## Detect Every Case, Contain Every Worm!

### NIGER RECORDS 93% REDUCTION IN FIRST SIX MONTHS OF 1996

For those who don't understand or believe how rapidly dracunculiasis incidence can be reduced in one year, look at Niger! The third highest endemic country has reduced the incidence of dracunculiasis by 93% from 4,469 cases during the first six months of 1995 to 312 cases during the same period in 1996, with an average of 99% of 776 endemic villages reporting (Figure 1, Table 1).

Figure 1

PERCENTAGE CHANGE IN NUMBER OF CASES OF DRACUNCULIASIS REPORTED DURING JANUARY - MAY 1995 AND JANUARY - MAY 1996, \* BY COUNTRY



\* Reports for January - June

\*\* Reports for January - April only

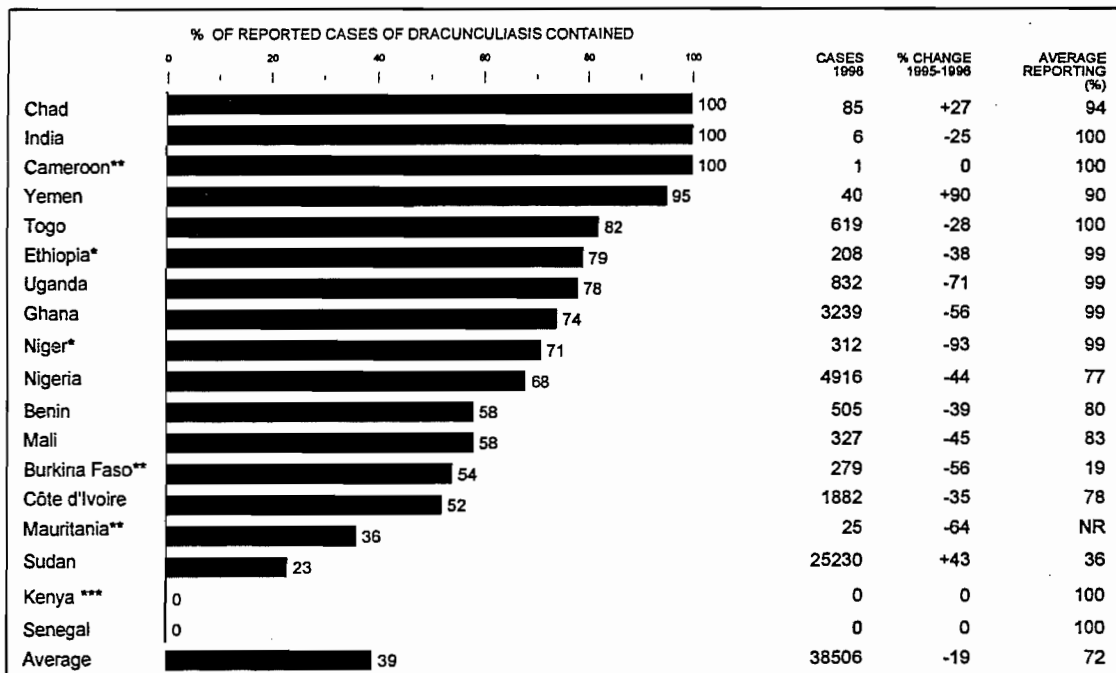
+ Provisional

As we reported two months ago, the most endemic department of Niger (Zinder) reported zero cases in March (when the entire country reported zero cases) and April 1996. Peak months of dracunculiasis transmission in Niger are June-September. Equally important as the reductions seen so far this year is the containment of 71% of the cases reported so far this year (Figures 1 and 2), despite the fact that case containment did not begin to be implemented in Niger until April 1995. This suggests that Niger may expect even greater rates of reduction next year, when the program could see to stop all further transmission. These achievements are a result of intensive work by the "Kurkunu" Crew, i.e., Mr. Sadi Moussa, Mr. Harou Oumarou, and Mr. Mohamed Salissou Kane, with the close support of Ms. Susana Sandoz (UNICEF/WATSAN) and Dr. James Zingeser (Global 2000). During 1995, CDC and Global 2000 provided 9 consultants to assist with the implementation of surveillance and case containment. During 1995, USAID/Niger supported the program, and staff from ITECH consulted with NGWEP. Of concern, however, is the shortfall in funding for 1996 and 1997 of Niger's Guinea Worm Eradication Program.

In the meantime, all endemic countries should give highest priority to raising the percentage of 1996 cases which are contained to as near 100% as possible (Figure 2). At present, 69% of 13,276 cases reported outside of Sudan during January - May 1996 have been contained (Table 1, Figures 2 and 3). Reporting rates from 10,143 endemic villages averaged 72% during 1996. The low reporting rate in Burkina Faso through April 1996 (19% of 516 endemic villages, see Figure 2) may be due to the recent meningitis epidemic in that country. The reductions in cases of dracunculiasis in 1996, compared to the same month the previous year, are shown in Figure 3.

Figure 2

PERCENTAGE BY COUNTRY OF CASES CONTAINED, REDUCTION IN CASES COMPARED TO SAME PERIOD IN 1995, AND ENDEMIC VILLAGES REPORTING: JANUARY - MAY 1996 †



\* Reports for January - June  
 \*\* Reports for January - April only  
 \*\*\* Reports from 19 villages under surveillance  
 NR Not reported  
 † Provisional

Table 1

NUMBER OF CASES CONTAINED AND NUMBER REPORTED BY MONTH, 1996  
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1995)

COUNTRY	# OF ENDEMIC VILLAGES: 1/1/96	NUMBER OF CASES IN 1995	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*		
			JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
SUDAN	1932	64608	416 / 1512	414 / 1056	1494 / 2413	1494 / 10038	2055 / 10231	/	/	/	/	/	/	/	/	/	5873 / 25230
NIGERIA	1846	16374	778 / 1264	926 / 1023	562 / 675	559 / 801	523 / 1153	/	/	/	/	/	/	/	/	/	3348 / 4916
NIGER	750	13821	17 / 25	2 / 5	0 / 0	9 / 10	28 / 62	167 / 210	/	/	/	/	/	/	/	/	223 / 312
GHANA	1057	8894	467 / 611	657 / 863	538 / 728	388 / 535	340 / 502	/	/	/	/	/	/	/	/	/	2390 / 3239
BURKINA FASO	516	6281	24 / 27	35 / 46	27 / 31	156 / 175	/	/	/	/	/	/	/	/	/	/	242 / 279
UGANDA	810	4810	41 / 48	22 / 24	28 / 40	233 / 276	329 / 444	/	/	/	/	/	/	/	/	/	653 / 832
MALI	534	4218	49 / 76	8 / 15	14 / 19	54 / 145	66 / 72	/	/	/	/	/	/	/	/	/	191 / 327
COTE D'IVOIRE	252	3801	241 / 369	303 / 598	146 / 271	153 / 313	137 / 331	/	/	/	/	/	/	/	/	/	980 / 1882
TOGO	302	2073	200 / 227	168 / 194	38 / 96	53 / 53	49 / 49	/	/	/	/	/	/	/	/	/	508 / 619
BENIN	491	2273	133 / 256	56 / 94	14 / 23	43 / 51	48 / 81	/	/	/	/	/	/	/	/	/	294 / 505
MAURITANIA	255	1762	1 / 8	1 / 4	7 / 10	0 / 2	/	/	/	/	/	/	/	/	/	/	9 / 25
ETHIOPIA	771	514	0 / 1	1 / 4	2 / 2	15 / 27	58 / 64	88 / 110	/	/	/	/	/	/	/	/	164 / 208
CHAD	39	149	24 / 24	34 / 34	23 / 23	4 / 4	0 / 0	/	/	/	/	/	/	/	/	/	85 / 85
YEMEN	21	82	0 / 1	7 / 8	12 / 12	14 / 14	5 / 5	/	/	/	/	/	/	/	/	/	38 / 40
SENEGAL	15	76	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	0 / 0
INDIA	24	60	0 / 0	0 / 0	0 / 0	2 / 2	4 / 4	/	/	/	/	/	/	/	/	/	6 / 6
KENYA	0	23	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	0 / 0
CAMEROON	4	15	0 / 0	0 / 0	1 / 1	0 / 0	/	/	/	/	/	/	/	/	/	/	1 / 1
PAKISTAN	0	0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	0 / 0
TOTAL*	8925	129834	2391 / 4449	2634 / 3948	2906 / 4344	3177 / 12446	3642 / 12999	255 / 320	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	15005 / 38506

\* Provisional

Figure 3-A

**Percentage of Endemic Villages Reporting (line) and Number of Cases of Dracunculiasis Reported and Contained (bar): 1995 - 1996**  
**Nigeria, Côte d'Ivoire, Ghana**

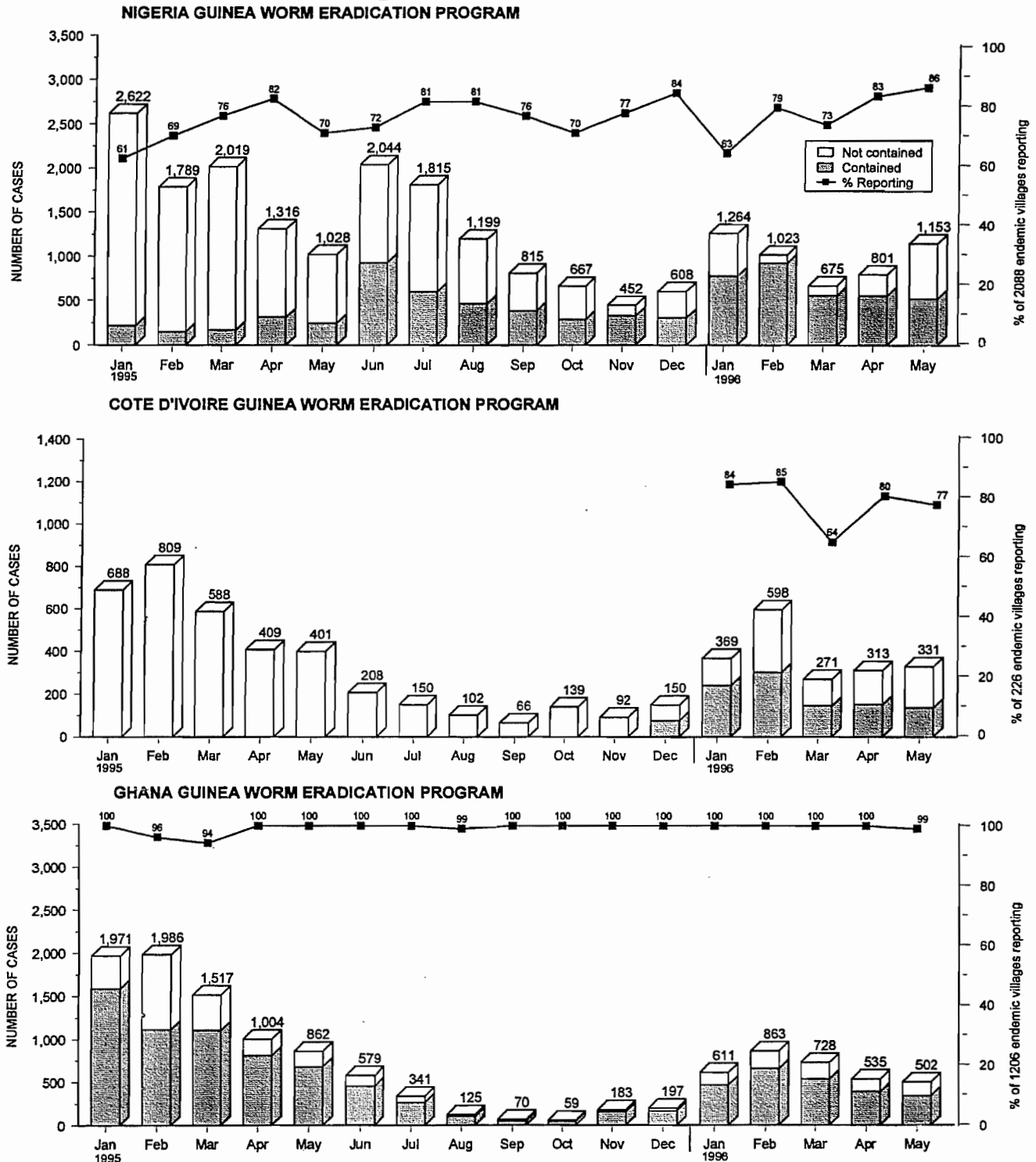


Figure 3-B

### Percentage of Endemic Villages Reporting (line) and Number of Cases of Dracunculiasis Reported and Contained (bar): 1995 - 1996 Mali, Niger, Uganda

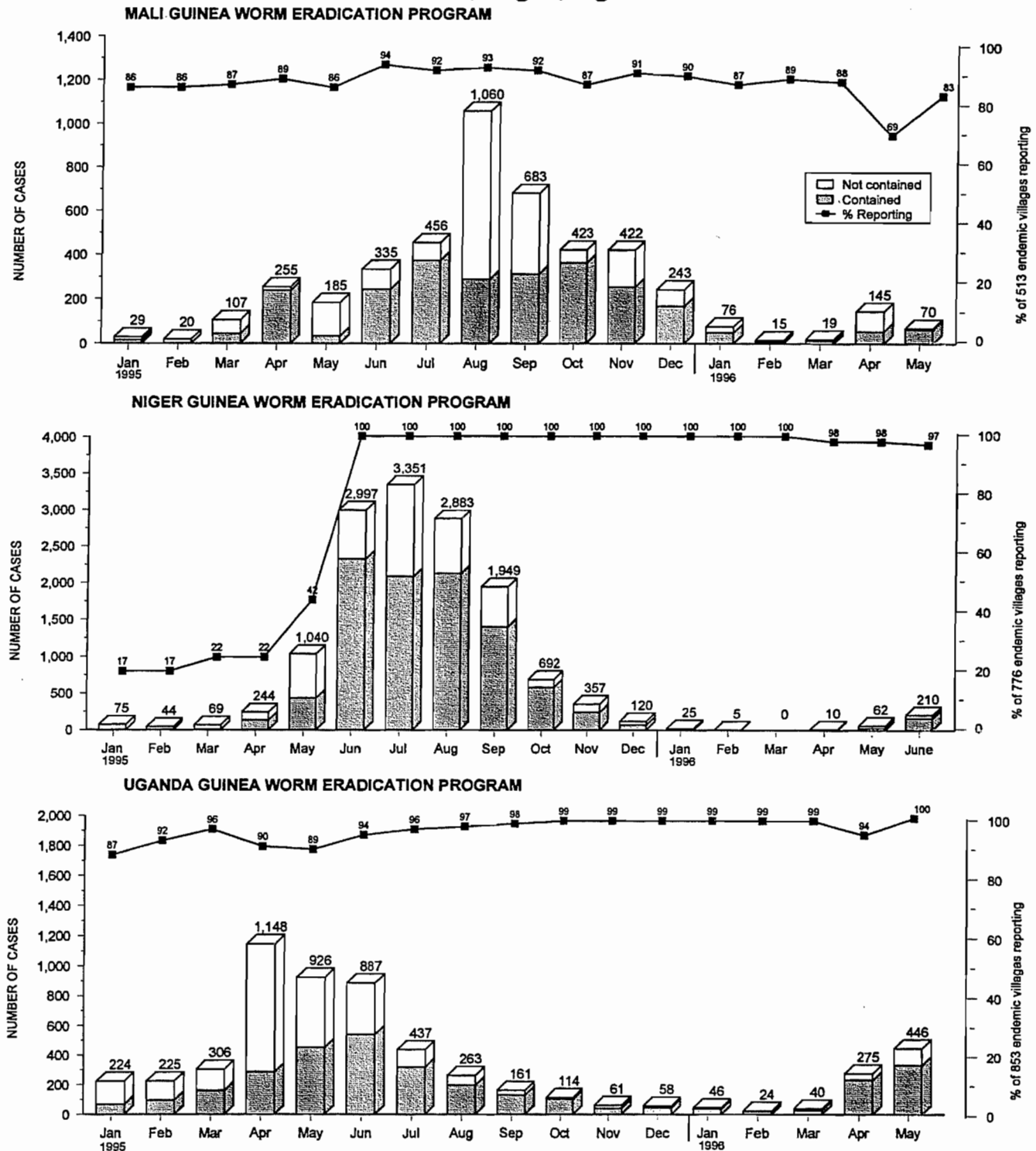
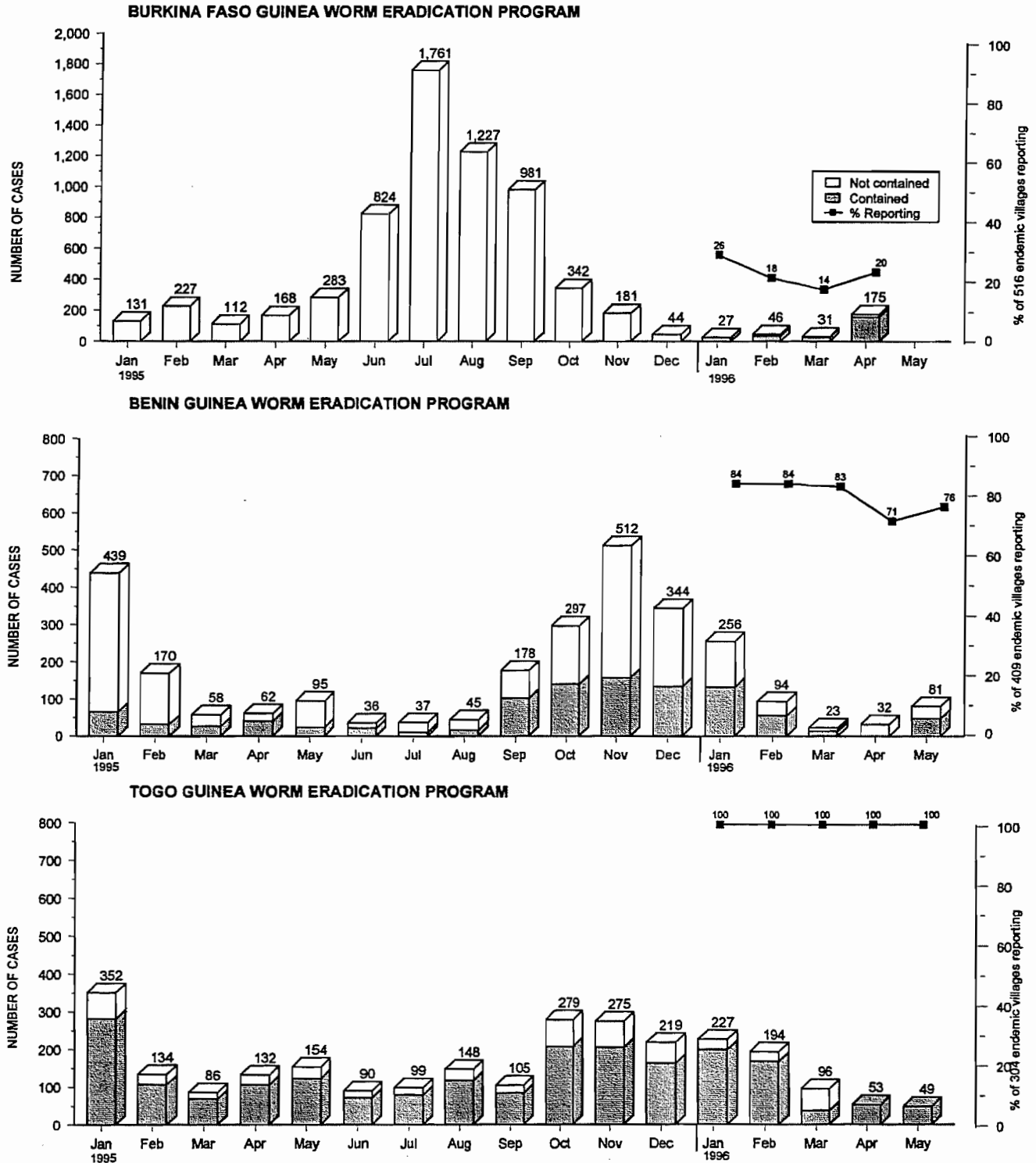


Figure 3-C

**Percentage of Endemic Villages Reporting (line) and Number of Cases of Dracunculiasis Reported and Contained (bar): 1995 - 1996**  
**Burkina Faso, Benin, Togo**



**GHANA'S NORTHERN REGION & NIGERIA'S ENUGU STATE:  
45 % OF NON-SUDAN CASES IN JANUARY-APRIL 1996**

Despite the more than 90% reductions in incidence of dracunculiasis that have been achieved in the Northern Region of Ghana and in Nigeria's Enugu State since the eradication campaign began, those two hyperendemic areas each accounted for 23% and 22%, respectively, of all the cases which occurred outside of Sudan in January-April 1996. Moreover, the Northern Region accounted for 85% of all the cases reported in Ghana during that period, and 87% of the region's cases were in only six districts: Gushegu/Karaga, Nanumba, East Gonja, Yendi, Saboba/Chereponi, and Savalugu/Nanton. Similarly, Enugu State included 60% of all cases in Nigeria, and 89% of the state's cases were in only five Local Government Areas: Abakaliki, Ikwo, Ezza, Izzi, and Ishielu. The Northern Region reports having contained 75% of all cases so far this year, while Enugu State contained 78% of its cases. Most appropriate interventions appear to be at least partially in place in most of the endemic villages concerned. Nigeria will also have the benefit of the recent evaluation of that program, which was completed on June 28. Eradication efforts in Nigeria are being supported heavily by the UNICEF mission, in addition to Global 2000; however, Ghana is still experiencing a shortfall in funding for 1996.

**IN BRIEF:**

Pakistan. The prime minister has announced a reward of 30,000 rupees (US \$850) for reporting of a case of dracunculiasis in that country. No case has been reported in Pakistan since October 1993. WHO has approved \$20,000 for the Pakistan GWEP in 1996, to support field visits of supervisors.

Sudan. Sudan's Guinea Worm Eradication Program (SGWEP) convened a review meeting in Khartoum on June 24-26. This was followed by a quarterly Coordination Meeting held in Khartoum on June 27-28. Attending the latter were the SGWEP staff and representatives from Operation Lifeline Sudan (OLS), UNICEF, and Global 2000.

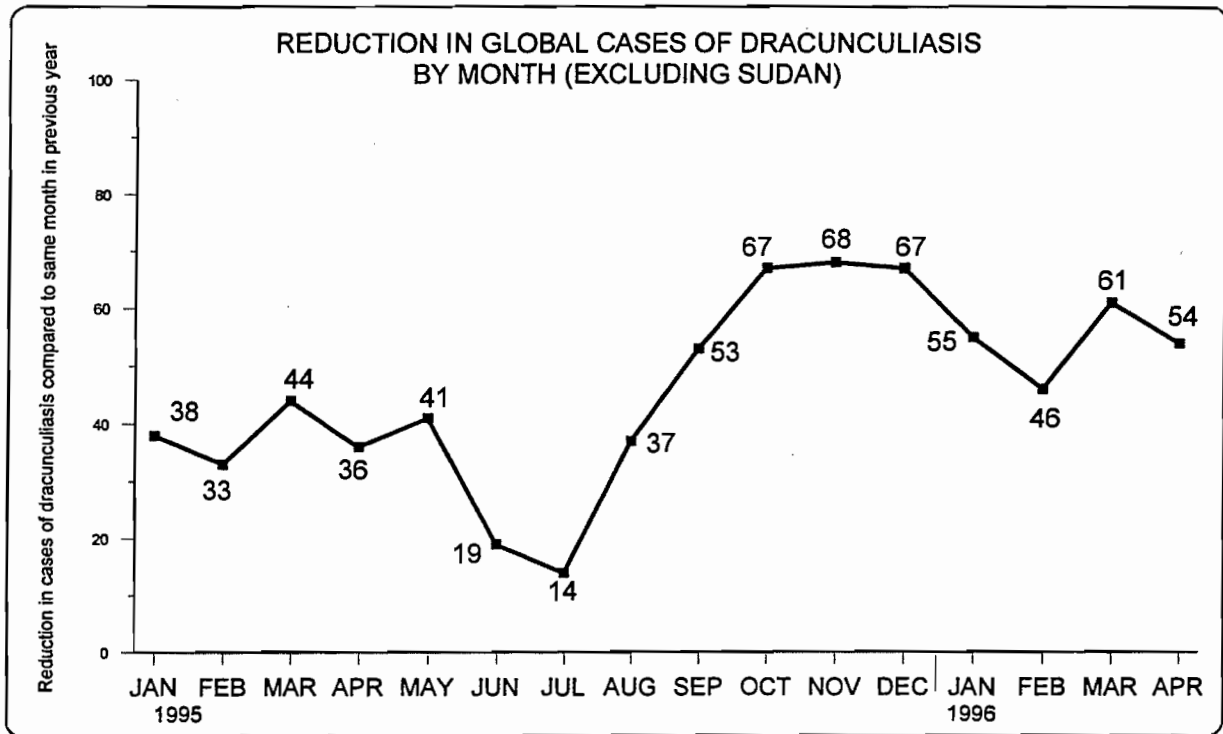
Togo. Representatives of Togo, Benin, and Burkina Faso's Guinea Worm Eradication Programs met at Natitingou, Benin, on 2-3 May. The delegations, who met at the initiative of Dr. Phillippe Ranque and Dr. Alhousseini Maiga of WHO, held discussions on problems associated with dracunculiasis in border areas of the three contiguous countries.

Uganda. In May, five persons (3 females and 2 males) were reported as cases of dracunculiasis that were imported from the villages of Lobira (3 cases), Habworyere and Lugoruny (1 case each), Torit County, Eastern Equatoria State in Sudan, into Agago Camp in Uganda's Kitgum District. All worms began emerging in May 1996. Only two cases were contained. These five cases were officially cross-notified to Sudan, via WHO, in June.

Côte d'Ivoire. The Minister of Health of Côte d'Ivoire announced that National Guinea Worm Eradication Day will be celebrated on August 10, 1966 in Bondoukou Region.

Yemen. On July 1, 1996, the Ministry of Public Health of Yemen and the Dhamar Primary Health Care Project (DHPCP), a bilateral cooperation project between The Netherlands and Yemen, signed a letter of understanding whereby DHPCP will provide Yemen's GWEP with US \$10,000 to protect wells in endemic villages of Dhamar Governorate.

Figure 4



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**NOTICE TO OUR READERS**

*The GW Wrap-Up will not be published in August. The next issue will be in early September, after the Olympic Games in Atlanta.*

*Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.*

*The GW Wrap-Up is published 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) 448-4532.*



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