




# Memorandum

Date May 9, 1997

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

Subject GUINEA WORM WRAP-UP #67

To Addressees

## Detect Every Case, Contain Every Worm!

### NIGERIA & GHANA: INCREASED CASES FROM IMPROVED SURVEILLANCE?

As can be seen in [Figure 1](#) and [Table 1](#), Nigeria and Ghana have reported unexpected large numbers of cases in the first quarter of 1997. In Ghana, this continues the trend reported in the two previous issues of Guinea Worm Wrap-Up, which describe the surge in cases reported from the Northern Region after small cash incentives for reporting were introduced in December 1997. These cash incentives have now been extended nationwide as of March. The 4,536 cases reported in Ghana in the first three months of 1997 compares to the 4,877 cases reported in Ghana for all of 1996 (January-March are the three months of highest incidence in Ghana). The communal disturbances in Northern Region three years ago, contaminated water sources in several Northern district capitals, past underfunding of the Ghana program, and complacency have all contributed to the current situation in Ghana, and should serve as a warning to other endemic countries and their external partners. Intensified control measures are

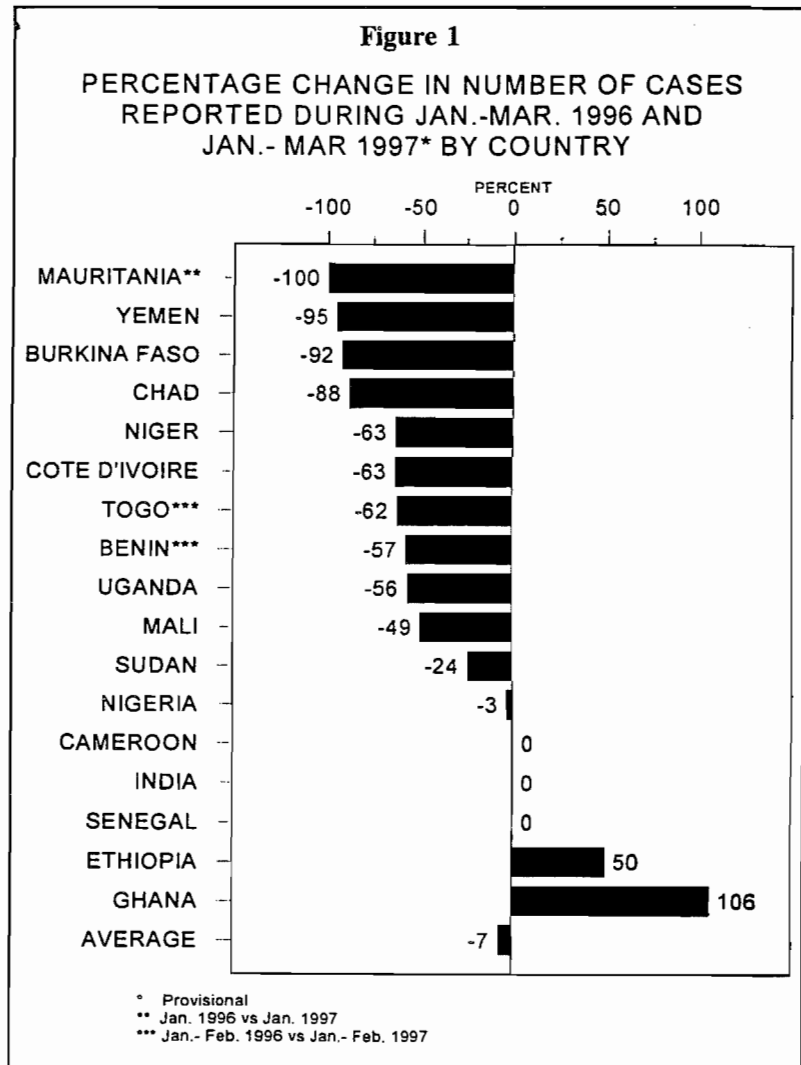


Table 1

**NUMBER OF CASES CONTAINED AND NUMBER REPORTED BY MONTH, 1997\*  
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1996)**

COUNTRY	# OF ENDEMIC VILLAGES 1/1/97	# OF ENDEMIC VILLAGES IN 1996	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												% CONT.		
			JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		TOTAL*	
SUDAN	5114	118578	1943 / 3557	470 / 696	98 / 406	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	2511 / 4659	54
NIGERIA	1357	12282	983 / 1148	1294 / 1332	878 / 1020	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	3155 / 3500	90
GHANA	602	4877	1498 / 1685	1182 / 1625	904 / 1226	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	3584 / 4536	79
BURKINA FASO	348	3241	0 / 0	16 / 16	0 / 0	2 / 2	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	18 / 18	100
NIGER	416	2956	3 / 7	0 / 0	2 / 4	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	5 / 11	45
COTE D'IVOIRE	216	2794	148 / 156	166 / 177	109 / 140	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	423 / 473	89
MALI	430	2402	25 / 41	11 / 11	4 / 4	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	40 / 56	71
TOGO	249	1626	/ 122	39 / 39	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	39 / 161	24
UGANDA	327	1455	6 / 7	1 / 6	26 / 35	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	33 / 48	69
BENIN	186	1427	92 / 112	37 / 37	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	129 / 149	87
MAURITANIA	143	562	0 / 0	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	0 / 0	-
ETHIOPIA	57	371	4 / 5	2 / 2	7 / 7	40 / 43	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	53 / 57	93
CHAD	12	127	2 / 2	2 / 2	6 / 6	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	10 / 10	100
YEMEN	7	62	0 / 0	0 / 0	1 / 1	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	1 / 1	100
SENEGAL	7	19	0 / 0	0 / 0	0 / 0	0 / 0	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	0 / 0	-
CAMEROON	13	17	0 / 0	0 / 0	0 / 0	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	0 / 0	-
INDIA	3	9	0 / 0	0 / 0	0 / 0	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	0 / 0	-
TOTAL*	9487	152805	4704 / 6842	3220 / 3943	2035 / 2849	42 / 45	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	10001 / 13679	73
% CONTAINED			69	82	71	93	-	-	-	-	-	-	-	-	-	73	

\* PROVISIONAL

now believed to be underway in all known endemic areas of Ghana.

In Nigeria, the tiny difference in cases reported in the first quarter of 1996 (3,605) and 1997 (3,500), which are the peak transmission months in the southern part of Nigeria, is attributed to improved reporting following special interventions that were conducted in the four highest endemic Local Government Areas (LGAs) of Ebonyi State (formerly part of Enugu State): Abakaliki, Ezza, Ikwo, and Izzi, beginning in October 1996. Monthly reporting rates for Enugu/Ebonyi States during the first quarter of 1997 averaged 81%, compared to 79% average reporting for Enugu State in the first three months of 1996, but it is possible that more complete reporting is now being obtained within endemic villages, as in Ghana. The reported rates of interventions in Enugu/Ebonyi States have improved considerably, from 78% of cases contained in the first quarter of 1996 to 94% of cases contained in the first quarter of 1997. And according to a report from Prof. Eka Braide, the zonal facilitator for Southeast Zone, all endemic villages in the special intervention LGAs now have 100% coverage with cloth filters, all have mobilized village task forces and intensified school-based health education about dracunculiasis prevention, all treatable ponds are being treated with Abate, and all of the endemic villages are targeted to receive safe water sources by December 1997.

Unfortunately, mainly due to the reports from Ghana and Nigeria, the numbers of cases reported by all endemic countries outside of Sudan during the first quarter of 1997 increased by 13%, from 7,933 in January-March 1996 to 8,975 in the same period of 1997, despite continued progress in some of the other countries (see below).

## CARTERS VISIT SUDAN

President and Mrs. Jimmy Carter visited Sudan and a few neighboring countries in April to discuss developments in health and to consult with various parties on peace initiatives related to the civil war. The reporting in Sudan in the first quarter of this year (Table 1) is still very incomplete because of inadequate funding of Operation Lifeline Sudan's (OLS) logistical needs, resulting in poorer access and communications with groups working in endemic areas on the OLS side. Three cases of dracunculiasis from Sudan were reportedly imported into Uganda, and two others into Ethiopia in March.

A training course for trainers in the use of Abate was conducted at Narus, in Eastern Equatoria by Mr. Mohammed Salissou Kane of Global 2000/Niger on April 15-17. The course was attended by 22 representatives fromn Aktion Afrika Hilfe, Adventist Development Relief Agency, Sudan Medical Care, OXFAM, Norwegian Church Aid, Sudan Relief and Rehabilitation Association, UNICEF/OLS, and The Carter Center. Most of the trainees were able to take a supply of Abate back with them to various parts of the OLS operational area.

## IN BRIEF:

Provisionally, Kenya has now reported no indigenous cases for three years, since May 1994.

The five least endemic countries (Cameroon, Chad, India, Senegal, Yemen) have reduced their reported cases by 89% so far this year, from 102 cases in the 1st quarter of 1996 to 11 cases in the 1st quarter of 1997 (Cameroon, India, and Senegal reported no cases in the first quarter of either year) (Table 1).

Dr. Henri Boualou reports that Côte d'Ivoire marked its annual National Guinea Worm Eradication Day with a ceremony attended by the minister of health at Bouafle, on April 25. The minister visited six endemic villages during this three-day stay in the area.

Dr. Michael Kramer, formerly of CDC, undertook a consultation to review dracunculiasis eradication activities in Yemen on behalf of CDC from 30 March to 14 April. Mr. Patrick McConnon of CDC undertook a similar consultation to Ethiopia on behalf of CDC in April. McConnon and Mr. Teshome Gebre of Global 2000/Ethiopia visited both endemic regions of the country (Gambella and South Omo).

Two supervisors of the Ugandan GWEP were attacked and killed in an ambush while traveling from a Guinea worm meeting in Moroto District on April 10: Mr. Andrew Moru of Chekwi County, and Mr. Martin Lokoro in Pian County.

#### MALI HONORS AARON ZEE



On Thursday, April 17, the Government of Mali awarded the highest honor it can bestow on a foreigner, the “**Chevalier de l'Ordre National du Mali**” (Knight of the National Order of Mali) on Mr. Aaron K. Zee for his exemplary service while serving as Global 2000/The Carter Center's first resident advisor to Mali's Guinea Worm Eradication Program, from March 1993 to November 1996. The award to Mr. Zee, who was on loan to Global 2000 from CDC, was made by the Grand Chancellor of the National Order on behalf of the president of Mali at a ceremony held in Bamako in the presence of the minister of health, Mr. Modibo Sidibe, U.S. ambassador David Rawson, and the national coordinator of the GWEP, Dr. Issa Degoga. The president of the Intersectorial Committee for the Eradication of Dracunculiasis in Mali, former head of state General Amadou Toumani Touré, was out of the country at the time but, in a written message that was read at the ceremony, he lauded Aaron's dedication and determination in support of Mali's GWEP. **Congratulations Aaron!!!**

Global 2000's new resident advisor, Mr. Brad Barker, arrived in Mali in March 1997. Mr. Barker had previously worked in Central African Republic and Zaire for CDC.

#### RECENT PUBLICATIONS



Hunter JM, 1997. Geographical patterns of Guinea worm infestation in Gharia: an historical contribution. Soc Sci Med, 4(1):103, 122.

WHO, 1997. Dracunculiasis - global surveillance summary, 1996. Wkly Epidemiol Rec, 72(19):133-139.

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

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