

Date: October 5, 2000

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

Subject: GUINEA WORM WRAP-UP # 106

To: Addressees

**Detect Every Case (within 24 hours), Contain Every Worm (immediately)!**

**GHANA HOLDS NATIONAL REVIEW MEETING IN TAMALE**

The improvements in interventions by the three key regions since last year's review meeting are shown in Figure 1. Among the recommendations of this year's review were that monthly meetings be held at all levels of the program to review the status of interventions, and that high priority be given to ensuring that all households in all endemic villages be provided with cloth filters before the next peak transmission season begins in late October. All of the districts which presented and the Volta Region representatives used line-listings and maps in summarizing their programs. Data from the line-listings and reports of the four highest endemic districts (Map 1) are summarized in Table 1. These four of Ghana's 110 districts reported 53% of all cases in Ghana in January – August, 2000. Northern Region's pioneering drama troupe has performed its Guinea worm skit for over 90,000 persons in 74 endemic communities since November 1999, and it was reported that residents of some communities have started to publicly label certain community members as behaving like specific characters in the play. Atebubu District has also formed a drama group consisting of 10 women, and Kete-Krachi District's drama troupe from the Krachi Secondary Technical School has performed in 2 communities and plans to reach 20 more communities before the peak transmission season. Significant efforts are underway or planned for providing new or rehabilitated water sources in parts of Northern and Volta Regions, especially. Some of the different incentives being used to reward the work of village volunteers include provision of gum boots in Atebubu District, provision of cutlasses and bicycles in Kete-Krachi District (as well as participation in other health activities such as broader community-based surveillance, ivermectin distribution, or polio National Immunization Days), and provision of free medical care in Nanumba District. Northern Region has also begun using a new performance appraisal checklist by which supervisors must earn proportions of their monthly allowance in exchange for achieving specific tasks or targets.

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In July and August, Dr. David Opare, District Director of Health Services for Atebubu District in Brong Ahafo Region, began distributing a monthly newsletter to update all concerned on the latest developments in Atebubu's fight to eradicate dracunculiasis. The first two issues highlight preparations by the District Assembly and Global 2000 to provide safe drinking water to Fawomang, Wokasua, and Nwomwam villages (ranking 3,4 and 8 in Atebubu's line-listing), and the holding of successful durbars to promote awareness at Komfourkrom, Parembo, and Fawomang, on August 16 and 18. Bravo Atebubu!

Number of Cases



**Table 1**

**Ghana Line Listing of Interventions:  
Four Highest Endemic Districts, September 2000**



Sudan

to be distributed. The status of interventions for all–Sudan are summarized in the national line–listing in Table 2 (these data are updated by the program monthly).

Table 2

## **Sudan Guinea Worm Eradication Program**

## **SUDAN GUINEA WORM ERADICATION PROGRAM RECOMMENDATIONS FROM REVIEW MEETING SEPTEMBER 25<sup>th</sup> – 26<sup>th</sup>, 2000 NAIROBI, KENYA**

The SGWEP should advocate for additional transportation capacity where needed (vehicles, motorcycles, bicycles and animals).

The SGWEP needs to provide pipe filters to cover target populations, including agricultural and nomadic settlements.

International partners should advocate the possibility of negotiating “safe days” (cease fire) to enable pertinent and life saving interventions, such as the distribution of GWEP supplies and immunizations, to take place in currently inaccessible areas.

Mobilization of endemic communities and selection and training of village volunteers (and supervisors) should be implemented with the goal of promoting sustainability (even if external assistance is disrupted) of program activities.

The SGWEP should consider establishing a small reward for reporting of cases in the ten northern states of the country.

The SGWEP should continue to increase use of Abate in appropriate areas.

The SGWEP should give high priority to conducting active surveillance and interventions in Naita and Akobo areas when feasible because of the great risk of exporting cases to Ethiopia from those areas.

The SGWEP needs to monitor the status of safe water (including the status of hand pumps) in all accessible endemic villages on a monthly basis and report those in disrepair to water sector organizations.

The SGWEP should increase the involvement of local partners such as County Health Departments in program implementation in order to increase local capacity and strengthen sustainability.

The SGWEP should continue to encourage all partners to participate in coordination meetings.

The SGWEP should continue to focus efforts in Western Equatoria and Lakes Regions.

The SGWEP needs to continue to monitor the proper use of filter cloths.

The SGWEP should collaborate with the Polio Campaign in an effort to increase health education, supervision and identification of endemic villages [specifically in house to house surveillance in Western Equatoria and Lakes Regions].

The SGWEP should strengthen collaboration and establish formal links with the civil society groups active in some highly endemic areas.

The SGWEP, in conjunction with the partners needs to increase efforts (with communities, village volunteers, and supervisors) to promote greater understanding that the SGWEP is a community program (the work is voluntary).

### **ETHIOPIA: ONLY 56 CASES IN JANUARY–AUGUST**

Ethiopia has reported only 56 cases of dracunculiasis, 4 of them imported from Sudan, during January–August 2000. This includes the entire peak transmission season of April–August. This is a reduction of -77% from the 225 indigenous cases that were reported during the same period of 1999. Thirty-seven (97%) of the 38 cases reported from seven villages in Gambella

#### **Ethiopia**

Sudan have assumed responsibility for conducting surveillance and control measures in the Naita area, adjoining South Omo. Gambella Region is now the key to interruption of dracunculiasis transmission in Ethiopia. Maintaining elimination will require particularly effective surveillance along Ethiopia's long common border with Sudan.

The new National Program Coordinator, Dr. Gzahegn Tesfaye, led Ethiopia's representatives, which included ministry of health, UNICEF, Carter Center/Global 2000 and WHO officials, to the Program Review in Nairobi on September 27. Recommendations from the Review are summarized below.

### **ETHIOPIA DRACUNCULIASIS ERADICATION PROGRAM RECOMMENDATIONS FROM REVIEW MEETING SEPTEMBER 27<sup>th</sup> 2000 NAIROBI, KENYA**

The EDEP should conduct awareness campaigns in non-endemic districts.

The EDEP should consider a case survey in Bani Shangoal with stress on Matakal Woreda (with feed back given to SGWEP).

The EDEP needs to conduct a case search in Jor Woreda as soon as possible to assess the status of Guinea worm disease.

The EDEP partners are urged to provide safe water to the remaining endemic villages.

Explore possibility of utilizing guards, (Pond Caretakers) to promote water filtering and prevent contamination at the water source.

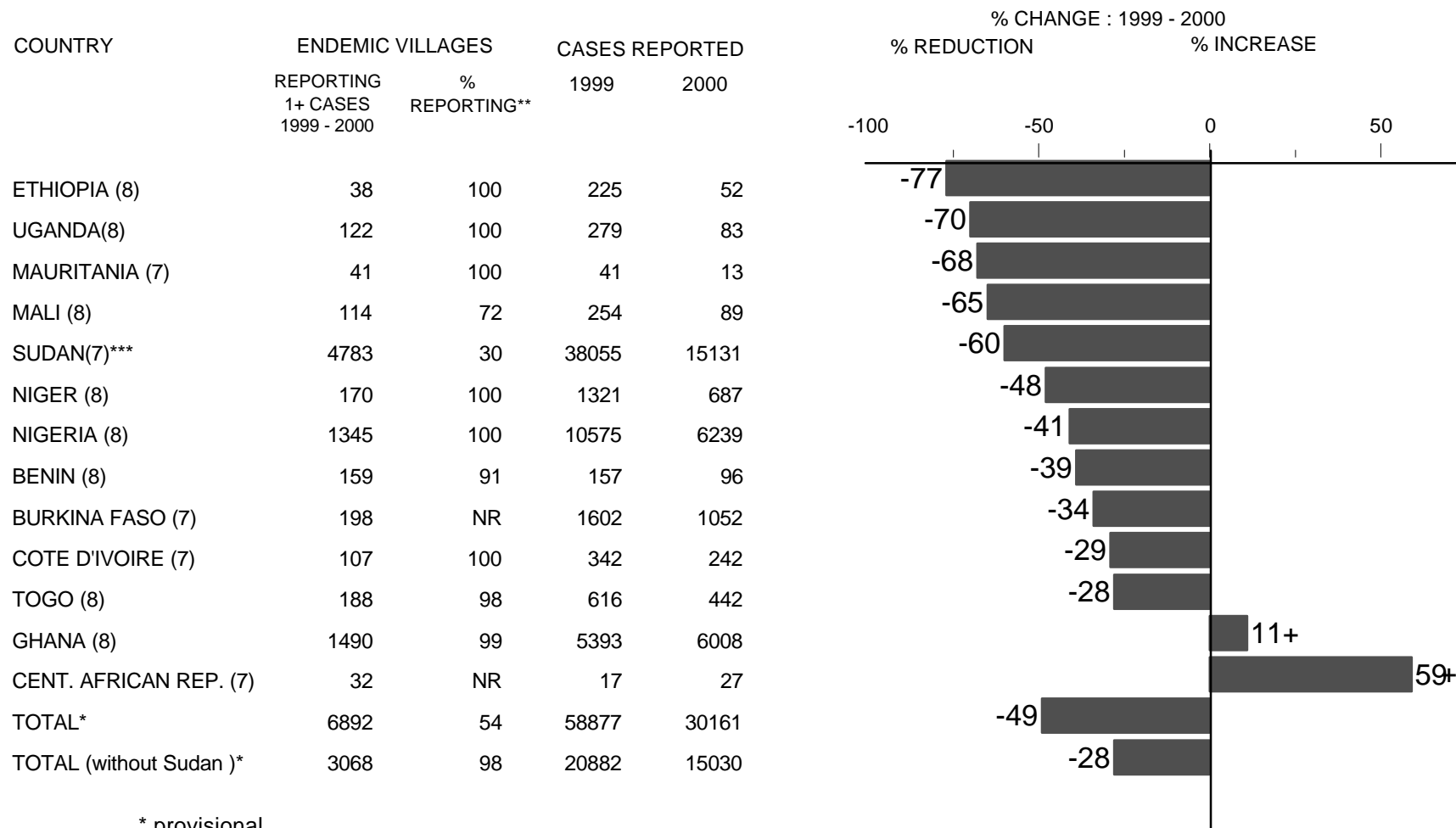
The EDEP needs to perform a case search in Akobo areas, which should be verified with initiative interventions (using NIDs and other means).





Figure 3

## Percentage of Endemic Villages Reporting and Percentage Change in Number of Indigenous Cases of Dracunculiasis During 1999 and 2000\*, by Country



\* provisional

\*\* %endemic villages in 2000 reporting monthly

\*\*\* 2,596 (35%) of 7,392 endemic villages are not accessible to the program

Figure 4

DISTRIBUTION BY COUNTRY OF ORIGIN OF 43 CASES OF DRACUNCULIASIS EXPORTED TO OTHER COUNTRIES DURING JANUARY - AUGUST 2000

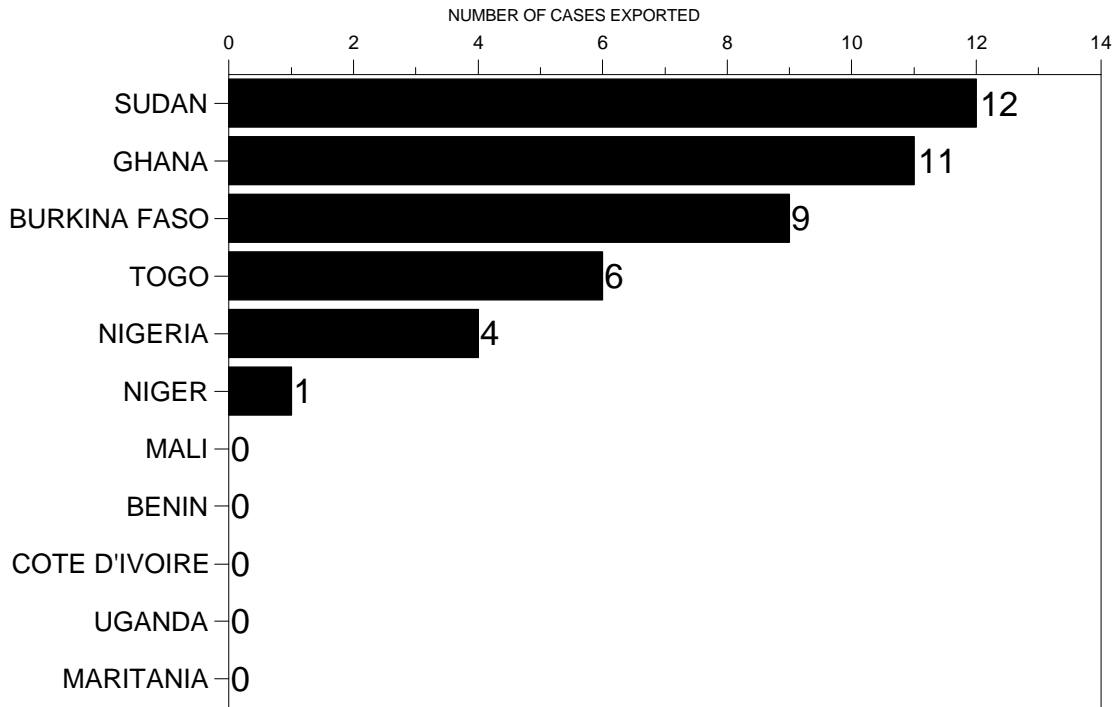
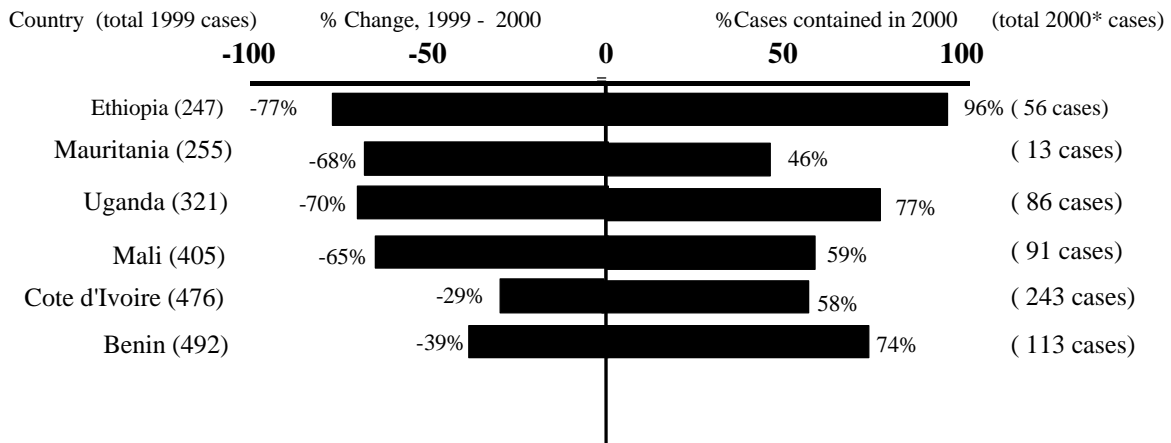


Figure 5

% Reduction in Dracunculiasis Cases from 1999 and % Cases Contained in 2000\* for Six Least Endemic Countries



Ideally, both bars should be as close to 100% as possible. This % reduction in cases measures the effectiveness of work in 1999. The % cases contained here measure the quality of work in 2000. All six of these countries should be going all out to stop transmission in 2000. Mali, Mauritania, and Cote d'Ivoire need to contain larger populations of their new cases.

## **UGANDA RECORDS 70% REDUCTION IN CASES FOR SECOND CONSECUTIVE YEAR**

**Uganda** reports a total of 86 cases in 40 villages, including 3 cases imported from Sudan, in January-August 2000. This includes the entire peak transmission season of April-July. This is a reduction of -70% from the 279 indigenous cases reported in 87 villages during the same period of 1999. Sixty-six (77%) of this year's cases were contained; a lower than expected figure due largely to 11 "surprise" cases discovered in a village in August. All endemic villages are reporting monthly, receiving health education, and have cloth filters in 100% of households. Pipe filters are very popular among the Karamajong. All but three endemic villages (in an insecure area of Moroto) are using Abate. UNICEF has supported targeted provision of safe water sources in endemic villages for several years, and will be joined in that by an Italian corporation in Kotido and Moroto Districts. The

## DEFINITION OF CASE CONTAINMENT

A case of Guinea worm disease is contained if all of the following conditions are met:

1. The patient is detected before or within 24 hours of worm emergence; and
2. The patient has not entered any water source since the worm emerged; and
3. The village volunteer has properly managed the case, by cleaning and bandaging until the worm is fully removed, and by giving health education to discourage the patient from contaminating any water source (if two or more emerging worms are present, the case is not contained until the last worm is pulled out); and
4. The case is verified by a supervisor within 7 days of worm emergence (to confirm that the case is Guinea worm, and that it has been properly contained).

## RECENT PUBLICATIONS

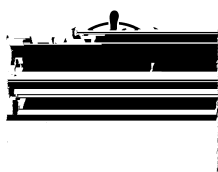
Nunn, JF, TappE, 2000. Tropical diseases in ancient Egypt. Trans Royal Soc Trop Med & Hyg. 94(2):147-153

### GRAHAM CHRISTIE

With great sadness and regret we announce the passing of Mr. Graham Christie, a consultant on behalf of Global 2000/The Carter Center to Ghana's Guinea Worm Eradication Program. Mr. Christie became ill while working in Northern Region's East Gonja District, and died on Sunday, September 17. A retired public health advisor from CDC, Mr. Christie had served two previous consultancies for Global 2000 in 1999 and 2000, both in Brong Ahafo Region's Atebubu District. Although he was new to Africa and to Guinea worm disease in the beginning, he learned quickly, and impressed everyone with his effectiveness, creativity, and enthusiasm, which were fueled by his obvious great enjoyment and satisfaction with what he was doing. He helped field test the acceptability of pipe vs hat filters for personal use by farmers and other itinerant workers, stressed the importance of getting the villagers themselves actively involved in the program, personally arranged for a friend in the United States to develop sketches for non-verbal communication of health messages, and manifest his dedication to Ghana's program and people in many other ways. His observations were cited anonymously more than once in the Guinea Worm Wrap-Up. He died on the eve of Ghana's first national program review to be held in the middle of the endemic zone. Participants stood for a moment of silence in his memory at the opening of the review. He will be sorely missed. We extend our condolences to his wife, sons, and granddaughter. May God bless you, Graham.

*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 Dr. Daniel Colley, Acting 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. The GW Wrap-Up web location has changed to <http://www.cdc.gov/ncidod/dpd/parasites/guineaworm/default.htm>



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