

DEPARTMENT OF HEALTH & HUMAN SERVICES

Date: March 26, 2003

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

Subject: GUINEA WORM WRAP-UP #131

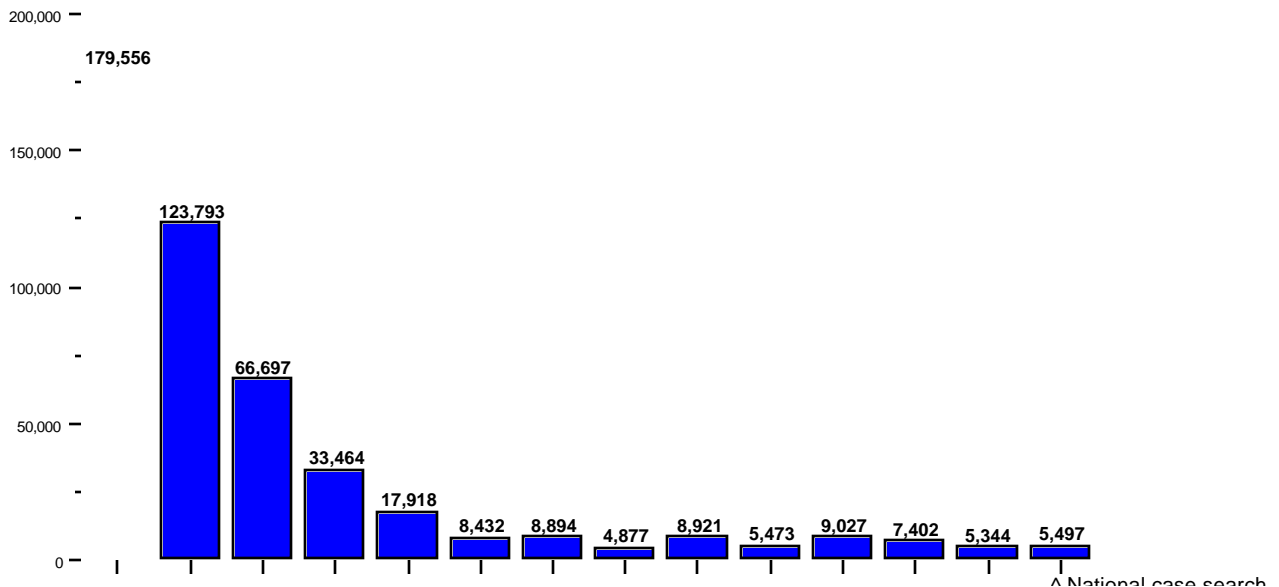
To: Addressees

Detect Every Case, Contain Every Worm!

GHANA: ARE THE RIGHT PEOPLE MAD ENOUGH YET?

Ghana held its first semi-annual national program review for 2003 on March 10-11, 2003 at Ho, in the Volta Region. About 130 persons participated, including the deputy regional minister for the Volta Region; the deputy minister of health, Mr. Moses Dani Bah; other ministry of health officials; the national program coordinator, Dr. Andrew Seidu-Korkor; and representatives from UNICEF, WHO, U.S. Peace Corps, Ghana Red Cross Society, Church of Christ, and Global 2000 of The Carter Center.

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Ghana reported 5,497 cases of dracunculiasis in 741 villages in 2002, or 11% of the global total for that year. 95% of the cases occurred in only 15 of the country's 110 districts. Five of Ghana's 10 regions (Ashanti, Central, Greater Accra, Upper East and Western) reported only imported cases in 2002, all of them reportedly contained. Ghana reported 15% more cases in January 2003 (859) than in January 2002 (744). The epicenter of Ghana's remaining endemic area is in the eastern part of the Northern Region, encompassing land that is very fertile—including the three top yam-producing districts in the country—and draws migratory seasonal farmers from many other areas of Ghana.

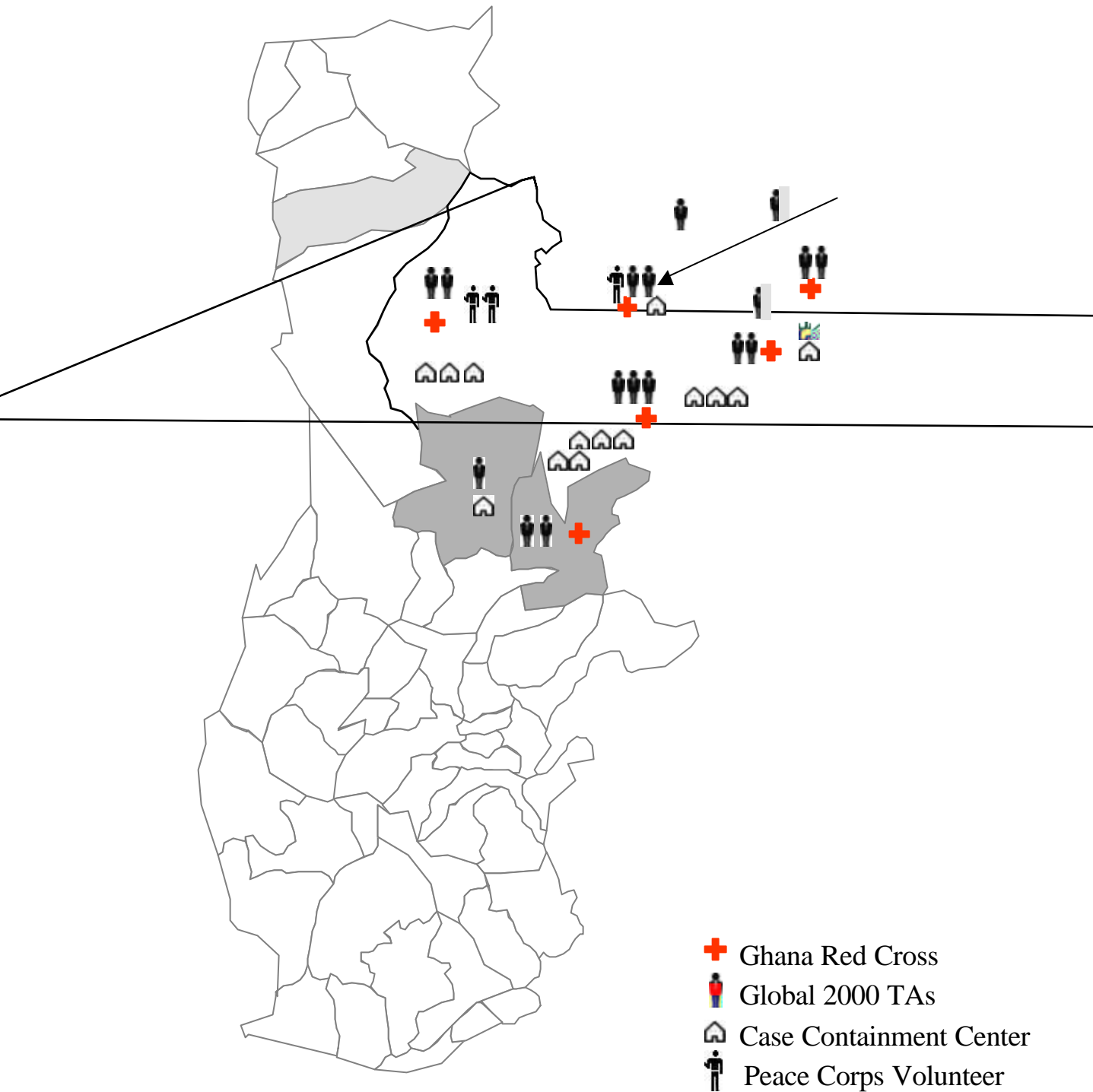
Ghana increased the coverage of endemic villages with most interventions in 2002, as shown in Table 1.

Table 1 **Coverage by Interventions in Ghana, 2001-2002**

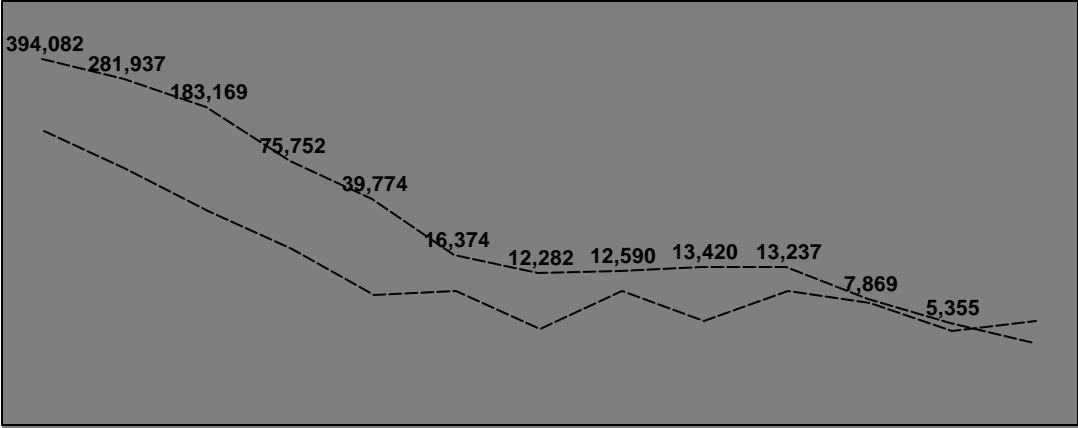
Intervention	2001	2002
Endemic village with 100% filters	85%	95%
Endemic village using Abate	20%	26%
Endemic village with 1+ safe water	34%	44%
Percentage of cases contained	68%	66%
Number of cases reported	5,344	5,497

Figure 2

Ghana Guinea Worm Eradication Program



Placement of additional manpower in the 15 districts reporting 95% of all cases in 2002, 7 districts (solid pattern) reported 76% of all cases in 2002.



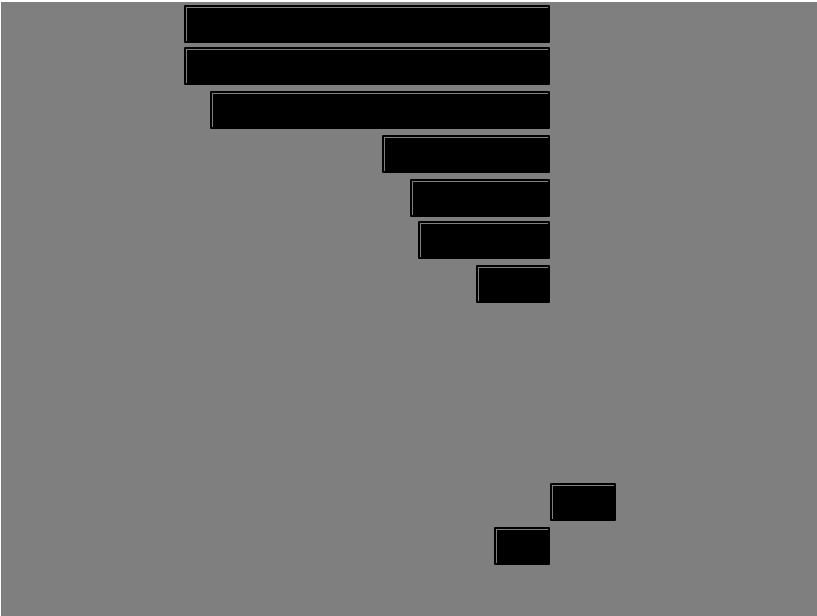
and number reported by month during 2003*
 (in descending order of cases in 2002)

NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED								
YEAR	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*
	/	/	/	/	/	/	/	0 / 0
	/	/	/	/	/	/	/	110 / 859
	/	/	/	/	/	/	/	568 / 813
	/	/	/	/	/	/	/	149 / 193
	/	/	/	/	/	/	/	7 / 7
	/	/	/	/	/	/	/	6 / 6
	/	/	/	/	/	/	/	1 / 1
	/	/	/	/	/	/	/	9 / 24
	/	/	/	/	/	/	/	22 / 22
	/	/	/	/	/	/	/	0 / 0
	/	/	/	/	/	/	/	0 / 0
	/	/	/	/	/	/	/	0 / 0
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	872 / 1925
% CONTAINED	40	76	#DIV/0!					45

* PROVISIONAL

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

For other imported cases see table of imported cases by month and by country.



SURVEILLANCE OF GUINEA WORM AMONG THE NOMAD POPULATIONS OF BURKINA FASO, MALI AND NIGER



A Workshop on guinea worm surveillance among nomad populations of Burkina Faso, Mali and Niger was organized by WHO in Dori, Burkina Faso from 26 to 28 February 2003. The purpose of the workshop was to identify a common approach to the surveillance of Guinea worm in populations migrating from one of the 3 countries to another and within the same country. Guinea worm Program Managers of Burkina Faso, Mali and Niger together with Guinea worm District Officers and District Medical Officers attended the workshop. During this workshop, patterns of migration of nomad populations were reviewed and maps showing the main routes of movements were drawn. Areas and periods of "nomadism" were also identified.

A CD ROM containing geographic information on the relevant areas of the 3 countries was provided to each program manager. The information collected in future will be incorporated in these maps to facilitate visualization and analysis of the epidemiological situation. Information will be shared by the 3 countries. A field exercise was carried out to test and adapt the data collection instrument and to train participants to the use of GPS. The Program Managers of the three countries will submit a plan of action and budget to WHO before the end of March 2003. It is expected that the surveillance will be in place before the start of the 2003 transmission season.

WHO CONDUCTS EXTERNAL EVALUATION IN MAURITANIA

An external evaluation of Guinea Worm Eradication Program in Mauritania was carried out from 19 February to 10 March 2003. The objectives of the evaluation were to assess the surveillance and intervention activities of the programme. WHO led the evaluation in collaboration with CDC, UNICEF and the Mauritanian Government. Four teams composed each of an external evaluator, a national evaluator and a facilitator traveled each to specific endemic areas or formerly endemic areas to evaluate the program. The evaluation covered 8 Wilayas (Regions), 14 Moughataas (Districts) and 149 localities (35 endemic villages, 64 under-surveillance villages and 50 villages with no history of the disease). In addition, the activities of the program on the central level was assessed. A total of 1105 heads of households were interviewed. The result of the evaluation is expected to be available by May 2003.

WHERE IS TRANSMISSION OCCURRING? MAKING MORE EFFECTIVE USE OF PROGRAM RESOURCES AND TARGETING OF INTERVENTIONS AGAINST DRACUNCULIASIS

The end-point of the campaign to eradicate dracunculiasis is well known to all of us, i.e., to stop transmission of the disease in every place where it occurs. Stated more simply, stopping transmission means preventing everyone with emerging Guinea worms from contaminating sources of drinking water and stopping people from drinking contaminated water. If these objectives are understood by all of us, why is it that it has been so difficult to make more rapid progress in preventing infected individuals from contaminating sources of drinking water and from drinking contaminated water?

Clearly, the quality of surveillance and interventions against the disease, the quality of supervision, and

Table 3
 Relationship Between the Number of Villages/Localities Reporting 1+ and 5+ Cases, and the Number of Cases Reported
 From Those Villages/Localities during 2002 by Country

Country	Number of Villages/Localities Reporting		% Villages Reporting 5+ Cases	Number of Cases from Villages/Localities Reporting		% of Cases Reported from Villages/Localities Reporting 5+ Cases
	1+ Cases	5+ Cases		1+ Cases	5+ Cases	
Ghana	749	221	30%	5,545	4,595	83%
Nigeria	557	169	30%	3,815	3,089	81%
Togo	232	57	25%	1,502	1,200	80%
Mali	173	68	39%	821	646	79%
Burkina Faso	112	28	25%	525	407	78%
Niger	91	14	15%	248	130	52%
Cote d'Ivoire	26	4	15%	198	170	86%
Benin	31	7	23%	181	145	80%
Mauritania	18	3	17%	42	22	52%
Total	1989	571	29%	12,877	10,404	81%

confirmation visits to the village may not be necessary if the patient is admitted to a containment center immediately after the GW emerges.

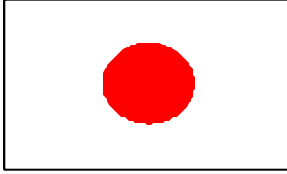
3. An endemic village is one where chains of locally acquired infections with Guinea worm disease can be established, i.e., villages where locally acquired cases during the last year or longer are linked.

Flaw: The vast majority (71%, see below and attached table) of villages in endemic countries outside of Sudan that reported cases in 2002 reported less than 5 cases. The vast majority of cases from villages reporting 1-4 cases only during 2002 were likely imported from elsewhere within the country or from a neighboring endemic country. Currently, these investigations are not being done systematically or consistently in all places. As a result, most of these cases are never

Nigeria has now established Case Containment Centers in three Local Government Areas: Obi in Benue State, and Ibarapa North and Iseyin in Oyo State. Seventy-four, or 32% of the 229 cases reported in Nigeria in February 2003 were contained in the containment centers. In Obi LGA, authorities have established a 12-hour time limit after emergence of the worm for detecting new cases.

Cote d'Ivoire. *Agent renforts* M. Bourginard and M. Siriki are working hard to detect and contain cases in

JAPAN PROVIDES MORE ASSISTANCE FOR SUDAN



On February 25, 2003, the Embassy of Japan in Khartoum signed an agreement to provide a grant of \$81,781 to Global 2000/The Carter Center's office in Khartoum under the Government of Japan's Grant Assistance for Grass-roots project. This grant will be used mainly to supply household filters for Sudan's Guinea Worm Eradication Program. In a press release issued at the time of the signing, the embassy stated that "The Japanese Government hopes that this aid will effectively contribute to the eradication of the Guinea worm, which inflicts many parts of the Sudan... the Government of Japan would like to confirm its belief in strengthening friendly relations existing between the Japanese and Sudanese peoples." This is the fourth such grant provided to The Carter Center office in Khartoum by the Embassy of Japan for Sudan's GWEP, following previous grants totaling \$393,000 in 1999, 2001 and 2002.

GATES FUNDING FOR WATER SUPPLY INTERVENTIONS BY UNICEF



The Gates Guinea Worm Grant Committee has approved a grant of \$2,175,000 to UNICEF to help fund new drinking water sources and rehabilitation of old sources in five endemic countries: Ghana, Nigeria, Burkina Faso, Togo and Mali. The purpose of this grant is to help accelerate safe water supply efforts in Guinea worm-endemic villages of those key countries, which include the main endemic areas remaining outside of Sudan.

The grant will be implemented over the next two years. The proposed respective grant amounts and targets are \$525,000 for 206 new wells and 100 rehabilitated wells in Ghana, \$450,000 for 170 new and 100 rehabilitated wells in Nigeria, \$400,000 for 150 new and 60 rehabilitated wells in Burkina Faso, \$410,000 for 180 new and 50 rehabilitated wells in Togo, and \$300,000 for 80 new and 70 rehabilitated wells in Mali. UNICEF will use other funding of its own to strengthen health education, training and community mobilization in the targeted communities.

*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. James H. Maguire, 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: 770-488-7761. 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.