



Date: January 26, 2004



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

Subject: GUINEA WORM WRAP-UP #139

To: Addressees

Did Any Indigenous or Imported Case of Dracunculiasis Escape Detection in Your Area This Month?

TOGO REPORTS -58% FEWER CASES FOR 2003, OVERTAKES MALI

Figure 1

Togo's Guinea Worm Eradication Program has reported only 625 indigenous cases in 2003, compared to 1,473 indigenous cases in 2002, realizing a reduction in cases of -58% for the year. This is the lowest total number of cases of dracunculiasis that Togo has ever reported since its program began, bringing Togo for the first time well below Mali, which has already reported 818 indigenous cases in 2003. Togo also reported 47 cases imported from Ghana in 2003, and is now the fifth highest endemic country for dracunculiasis, as a result of its dramatic progress last year. Togo's 669 cases in 2003 were reported from 71 endemic villages (reporting 514 indigenous cases), and 87 villages (reporting 155 imported cases), including the 47 cases imported from Ghana. A total of 83 villages reported only one case each, and only 30 villages that reported five or more cases. The remaining endemic areas are concentrated in four districts: Haho, Ogou, Sotouboua, and Keran. 74% of the cases reported in 2003 were contained, including [78 (12%)] in case containment centers, compared to 62% of cases that were reportedly contained in 2002. Togo's national Program Coordinator is Mr. K. Ignace Amegbo. US Peace Corps, UNICEF and WHO have assisted this program over the years, in addition to The Carter Center/Global 2000 and The Government of Japan.

Measurable Objectives for Ghana, Niger, and Togo for 2004

In past issues of the Guinea Worm Wrap-Up we have asked "Does your Guinea Worm Eradication Program have specific measurable objectives for 2004?" Most countries have responded. Below are the stated objectives for three endemic countries. Since the goal of the campaign to eradicate dracunculiasis is to stop transmission of the disease everywhere it occurs, we underscore the importance of having sufficient surveillance capacity in each village with endemic transmission to meet the first requirement of the standards for containment of transmission from cases, i.e., to detect all cases of the disease within 24 hours of the emergence of the Guinea worm. This should be the first of all measurable objectives for each of the national Guinea Worm Eradication Programs. Two other important objectives that need to be included in these lists are: 1) Investigate the origin of all imported cases of GWD, and 2) obtain monthly reports from all endemic villages on time.

Togo: proposed 2004 objectives

- 1) Fully contain at least 85% of all cases (76% in 2003).
- 2) Admit at least 75% of cases to case containment centers within 24 hours of worm emergence and 100% within 48 hours. (# ?? Admitted within 24 hours in 2003).
- 3) Contain 80% or more of all cases reported in the prefectures of Haho, Yoto, Ogou, Est-Mono, Keran, and Oti, in the containment centers in those prefectures (51% in 2003).
- 4) Monitor GWD in all formerly endemic villages and other at-risk villages in currently endemic prefectures once per quarter. (?? in 2003).
- 5) Ensure that all endemic villages provide cloth filters to 100% of households (82% in 2003).
- 6) Perform spot checks for copepods in sources of drinking water treated with ABATE® in the top 20 endemic villages (0% in 2003).
- 7) Monitor monthly the provision of safe drinking water (or filtered water) and adequate functioning of existing hand pumps in all endemic localities, where these exist.
- 8) Obtain accurate and complete reports from all endemic villages by the 15th of each month (? In 2003).
- 9) Ensure that all primary and secondary schools in the 4 most endemic prefectures teach about GWD prevention. (? In 2003). 1.

Table 1

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

COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													CONT.	%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*		
SUDAN	260 / 1175	122 / 702	270 / 872	255 / 1185	257 / 2309	240 / 2523	279 / 2591	280 / 2316	304 / 1713	569 / 2448	544 / 1314	/	3380 / 19148	18	
GHANA	485 / 900	769 / 1339	555 / 944	622 / 940	524 / 785	374 / 558	288 / 474	126 / 203	81 / 158	150 / 278	352 / 712	426 / 994	4752 / 8285	57	
NIGERIA	389 / 568	179 / 243	103 / 125	53 / 60	30 / 52	49 / 58	46 / 68	36 / 50	22 / 31	28 / 32	53 / 63	87 / 108	1075 / 1458	74	
TOGO	110 / 149	28 / 44	21 / 29	38 / 44	73 / 87	53 / 72	53 / 63	14 / 22	18 / 27	24 / 29	25 / 35	37 / 68	494 / 669	74	
MALI	3 / 3	4 / 4	5 / 5	2 / 3	3 / 3	8 / 8	42 / 84	92 / 160	122 / 250	106 / 206	37 / 73	16 / 23	440 / 822	54	
BURKINA FASO	6 / 6	1 / 2	0 / 1	3 / 5	14 / 16	27 / 62	24 / 34	12 / 19	12 / 21	11 / 18	4 / 12	5 / 7	119 / 203	59	
NIGER	0 / 0	1 / 1	0 / 0	2 / 2	0 / 0	6 / 6	27 / 37	30 / 47	33 / 71	11 / 73	22 / 38	13 / 18	145 / 293	49	
COTE D'IVOIRE	7 / 21	5 / 8	1 / 2	1 / 4	3 / 3	1 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	18 / 40	45	
BENIN	21 / 21	1 / 1	1 / 1	0 / 0	0 / 0	0 / 0	2 / 2	0 / 0	0 / 0	2 / 2	1 / 1	2 / 2	30 / 30	100	
ETHIOPIA	0 / 0	0 / 0	3 / 3	7 / 7	7 / 7	5 / 5	1 / 1	1 / 1	4 / 4	0 / 0	0 / 0	0 / 0	28 / 28	100	
MAURITANIA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	2 / 3	1 / 1	3 / 4	2 / 3	0 / 0	1 / 1	10 / 13	77	
UGANDA	0 / 0	0 / 0	0 / 0	3 / 3	9 / 11	4 / 6	1 / 2	0 / 2	0 / 0	2 / 2	/	0 / 0	19 / 26	73	
KENYA	/	/	/	/	2 / 2	/	/	/	/	/	/	/	2 / 2	100	
TOTAL*	1281 / 2843	1110 / 2344	959 / 1982	986 / 2253	922 / 3275	768 / 3301	765 / 3359	592 / 2821	599 / 2279	905 / 3091	1038 / 2248	587 / 1221	10512 / 31017	34	
% CONTAINED	45	47	48	44	28	23	23	21	26	29	46	48	34		

* 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.

Figure 2

Distribution by Country of 30,894 Indigenous Cases of Dracunculiasis Reported during 2003*

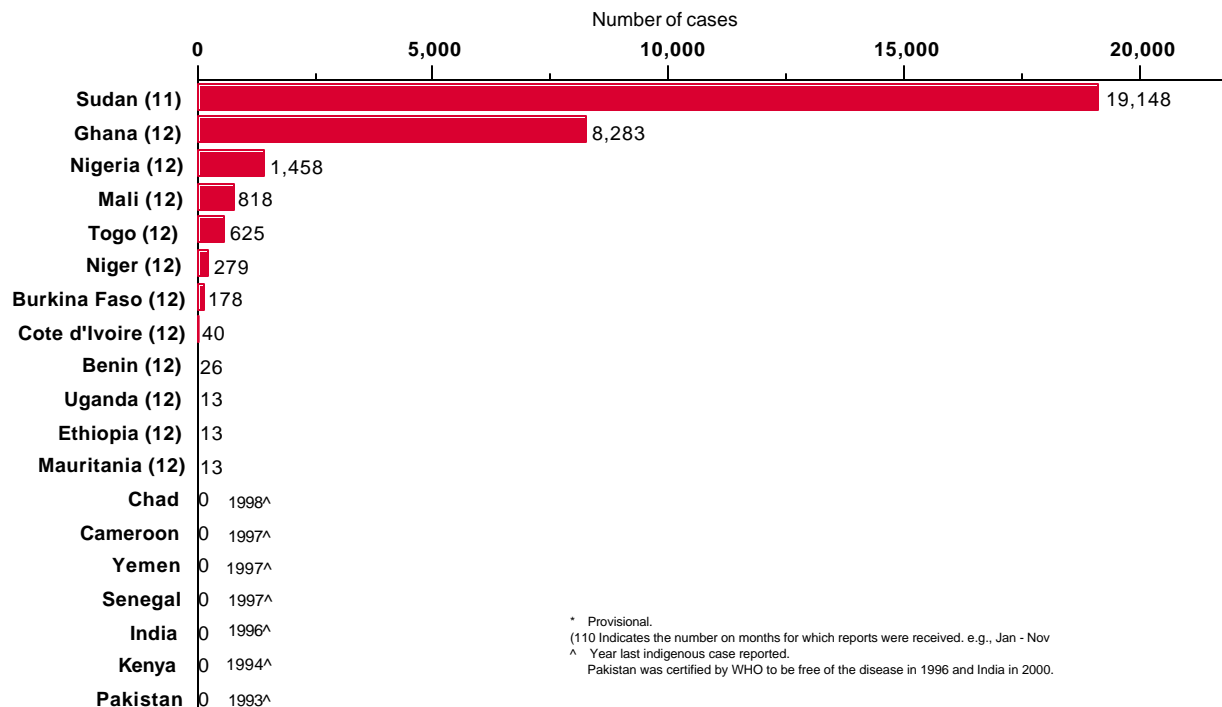
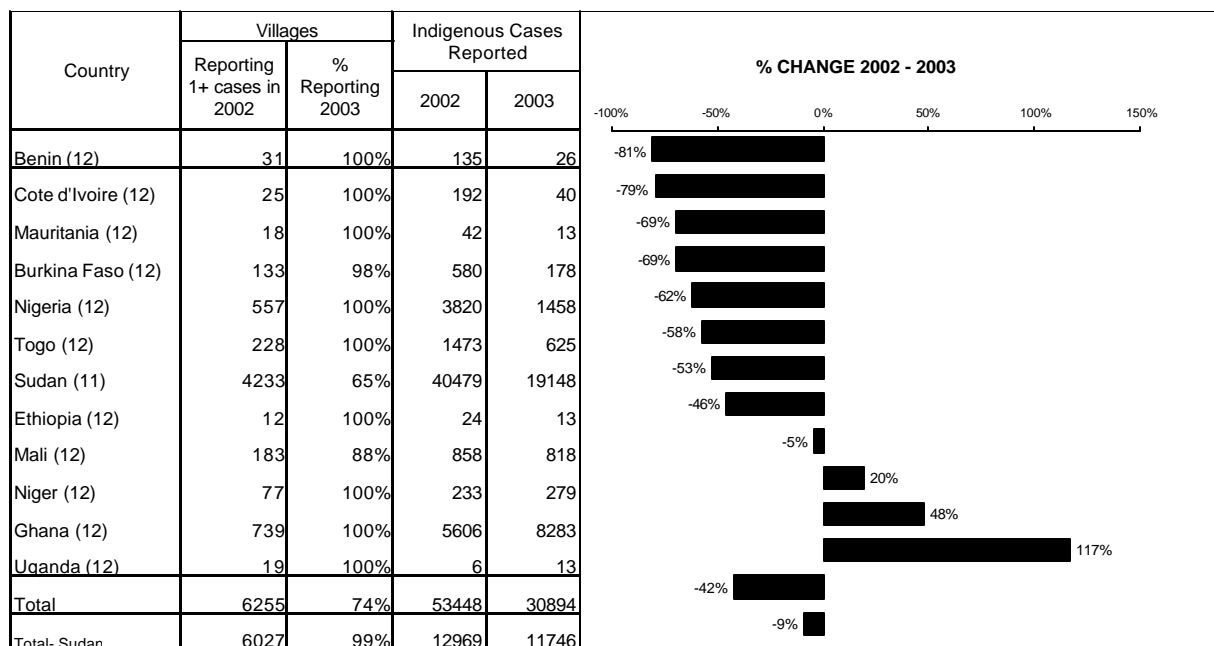
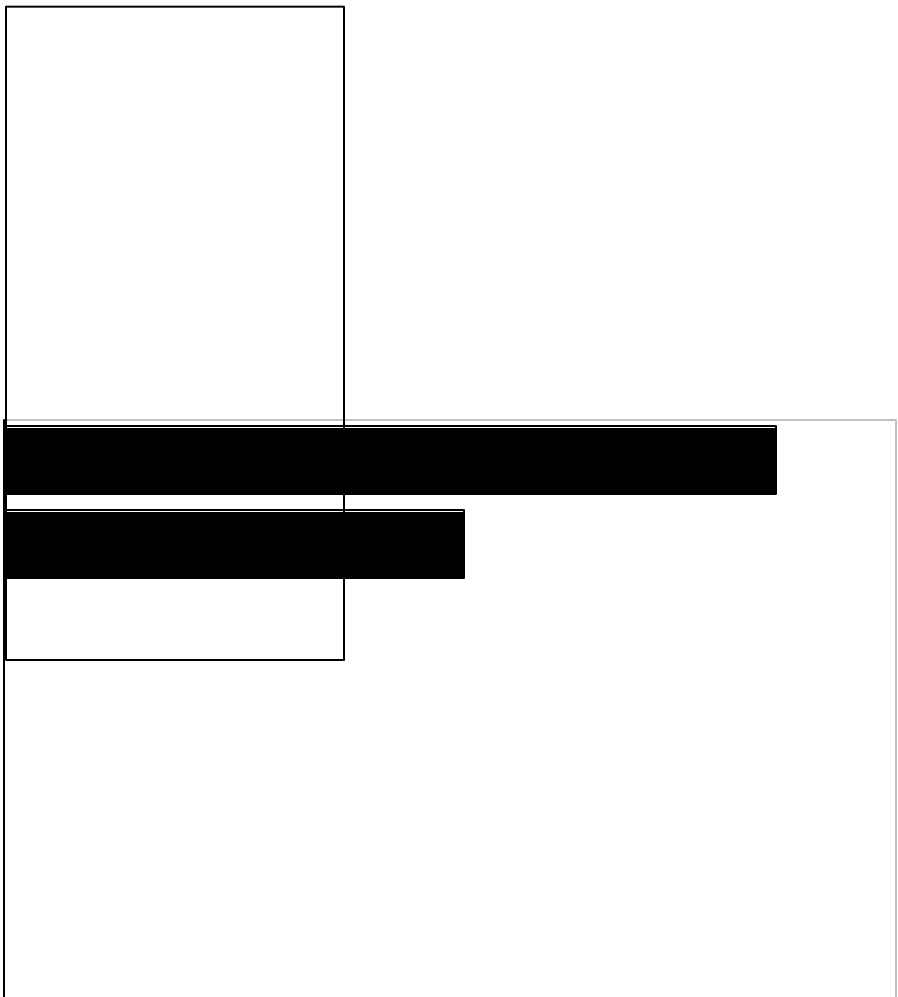


Figure 3

Number of Villages/Localities Reporting Cases of Dracunculiasis in 2002, Percentage of Endemic Villages Reporting in 2003*, Number of Indigenous Cases Reported During the Specified Period in 2002 and 2003*, and Percent Change in Cases Reported



(11) Indicates month for which reports were received, e.g., Jan. - Nov. 2003
 * Provisional



6. The national GWEPs should be urged to record, compile, and compare data about the intervals between worm emergence, detection, and beginning containment measures in individual patients. The distribution of such intervals should be monitored and “outliers” investigated, in addition to

DONATION FROM HENRY MCCONNON

Mr. Henry McConnon recently contributed \$469,000 to The Carter Center for its Guinea Worm Eradication activities. This is the 9th donation from Mr. McConnon, who has given more than \$2.5 million to the Center for the program since 1991.

2004 PROGRAM MANAGERS MEETING

This year's Meeting of Program Managers of Dracunculiasis Eradication Programs will be held in, Mali on during March 29 - April 1, 2004.

RECENT PUBLICATIONS

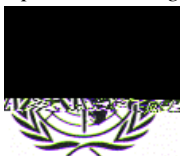
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*Inclusion of information in the Guinea Worm Wrap-Up does not
constitute "publication" of that information.
In memory of BOB KAISER.*

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 is <http://www.cdc.gov/ncidod/dpd/parasites/guineaworm/default.htm>.



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