



Date: August 9, 1999

From:

WHO Collaborating Center for
Research, Training and Eradication of Dracunculiasis

Subject:

GUINEA WORM WRAP-UP #93

To: Addressees

Detect Every Case, Contain Every Worm!

COTE D'IVOIRE: 77% REDUCTION IN 1999 PEAK SEASON

Côte d'Ivoire's Guinea Worm Eradication Program has achieved a reduction of -77% in reported cases of dracunculiasis during the first half of 1999 (248 indigenous cases in January-June 1999 vs. 1,069 cases during the same period of 1998) (Figure 1). The months of peak transmission in Côte d'Ivoire are January-June; in 1998, the program reported a total of 1,414 cases for the entire year. According to monthly reports by the national program coordinator, Dr. Henri Boualou, 235 of this year's 250 cases so far have been reported from only five sanitary districts: Seguela (67 cases; reduced 86% from 490 cases in January-June 1998), Daloa (52; increased 1200% from 4 cases), Zuenoula (46; reduced 77% from 204 cases), Bouna (41; increased 127% from 18 cases) and Bondoukou (29; decreased 83% from 172 cases). The increase in cases in Bouna is especially noteworthy. Thirty-seven (37) of that district's 41 cases were reported in June 1999, when a total of only 49 cases were reported for the whole country. The rate of endemic villages reporting in 1999 is 98%, and 82% of this year's cases were reportedly contained (Figure 2, Table 1). So far this year, two cases have been imported: one each from Burkina Faso and Ghana. Global 2000 consultant Ms. Cyndi Stover is assisting the GWEP to assess the status of dracunculiasis in Bouna and Daloa this month.

Figure 1

Cote d'Ivoire Guinea Worm Eradication Program
Number of Cases of Dracunculiasis Reported in 1998 and 1999*

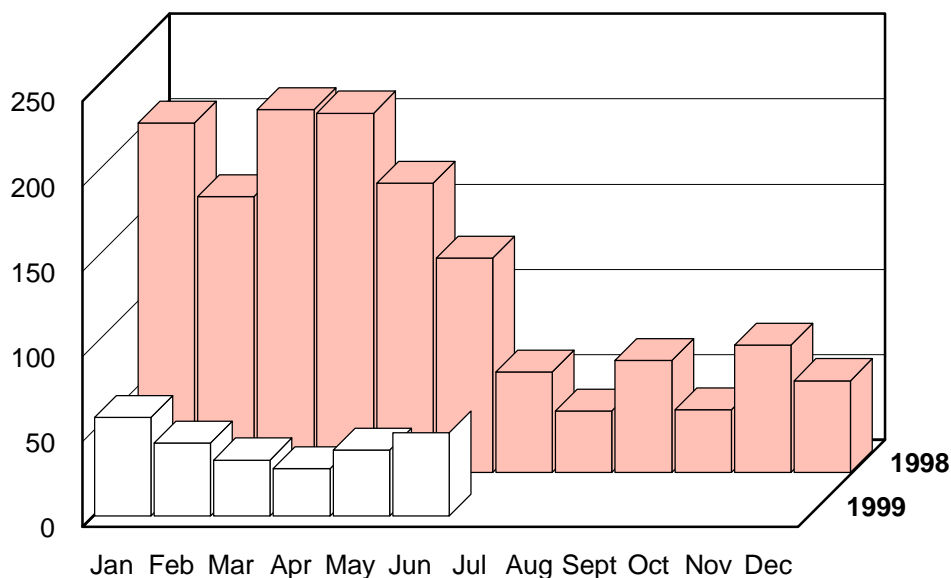


Table 1

Number of cases contained and number reported by month during 1999* (Countries arranged in descending order of cases in 1998)

COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*	CONT.	%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
	1076	1433	1269	1343	2299	/	/	/	/	/	/	/	7420		
SUDAN	/ 2169	/ 2596	/ 2223	/ 2437	/ 4082	/	/	/	/	/	/	/	5346	13507	55
	596	752	902	887	1112	1097	/	/	/	/	/	/	3142	7821	68
NIGERIA	/ 1358	/ 1432	/ 1131	/ 1111	/ 1369	/ 1420	/	/	/	/	/	/	196	5112	61
	921	616	546	450	378	231	/	/	/	/	/	/	64	318	62
GHANA	/ 1140	/ 1139	/ 1000	/ 771	/ 650	/ 412	/	/	/	/	/	/	294	110	58
	2	3	2	5	35	149	/	/	/	/	/	/	205	250	82
NIGER	/ 2	/ 3	/ 2	/ 5	/ 41	/ 265	/	/	/	/	/	/	201	242	83
	1	0	2	5	56	/	/	/	/	/	/	/	51	69	74
BURKINA FASO	/ 1	/ 2	/ 5	/ 32	/ 70	/	/	/	/	/	/	/	1	1	
	87	57	15	32	48	55	/	/	/	/	/	/	181	186	97
TOGO	/ 102	/ 84	/ 28	/ 34	/ 71	/ 66	/	/	/	/	/	/	0	0	
	58	32	31	16	36	32	/	/	/	/	/	/	0	0	
COTE D'IVOIRE	/ 58	/ 43	/ 33	/ 28	/ 39	/ 49	/	/	/	/	/	/	3	3	100
	3	7	7	20	65	99	/	/	/	/	/	/	5	10	50
UGANDA	/ 6	/ 7	/ 7	/ 21	/ 70	/ 102	/ 29	/	/	/	/	/	2830	2924	
	84	22	14	9	11	2	/	/	/	/	/	/	2796	2783	
BENIN	/ 88	/ 27	/ 15	/ 9	/ 12	/ 3	/	/	/	/	/	/	4089	1768	
	1	2	3	2	10	33	/	/	/	/	/	/	56	85	
MALI	/ 2	/ 2	/ 3	/ 2	/ 14	/ 46	/	/	/	/	/	/	0	0	
	0	0	0	0	0	1	/	/	/	/	/	/	0	0	
MAURITANIA	/ 0	/ 0	/ 0	/ 0	/ 0	/ 1	/	/	/	/	/	/	0	0	
	0	0	5	14	38	68	56	/	/	/	/	/	0	0	
ETHIOPIA	/ 0	/ 0	/ 5	/ 15	/ 42	/ 68	/ 56	/	/	/	/	/	0	0	
	0	0	0	0	0	0	/	/	/	/	/	/	0	0	
CHAD	/ 0	/ 0	/ 0	/ 0	/ 0	/ 0	/	/	/	/	/	/	1	1	
	1	0	0	0	1	1	/	/	/	/	/	/	0	0	
CAMEROON**	/ 1	/ 0	/ 0	/ 0	/ 1	/ 1	/	/	/	/	/	/	0	0	
	0	2	3	0	0	0	/	/	/	/	/	/	0	0	
C.A.R. ***	/ 1	/ 3	/ 5	/ 0	/ 1	/ 0	/	/	/	/	/	/	0	0	
	2830	2924	2796	2783	4089	1768	56	85	0	0	0	0	0	0	
TOTAL*	/ 4927	/ 5335	/ 4452	/ 4465	/ 6461	/ 2433	/ 85	/ 0	/ 0	/ 0	/ 0	/ 0	/	/	

Figure 2

**Percentage of Endemic Villages Reporting
and Percentage Change in Number of Indigenous Cases of Dracunculiasis
During 1998 and 1999 *, by Country**

CHAD (6)	1	100	2	0
MAURITANIA (6)	57	100	6	1
COTE D'IVOIRE (6)	175	98	1069	248
BURKINA FASO (5)	236	NR	479	110
UGANDA (7)	188	100	667	239
NIGER (6)	282	100	591	315
ETHIOPIA (7)	48	100	318	185
TOGO (6)	211	100	648	381
MALI (6)	150	67	110	69
BENIN (6)	196	87	207	142
NIGERIA (6)	1386	97	7760	7821
SUDAN (5)	6531**	37	10240	13507
GHANA (6)	983	90	3400	5109
TOTAL*	10444	58	25497	28127
TOTAL (without Sudan)*	3913	96	15257	

IN BRIEF:

The minister of health of Niger launched a second Social Mobilization Day for the Guinea Worm Eradication Program on July 30th, in the arrondissement of Tera, in Tillabery Department. In addition to local administrative and health authorities, and national program officials, he was accompanied on this visit by representatives of World Vision and Global 2000. The minister made a similar launching in Zinder Department in early July.

In Nigeria, former head of state General (Dr.) Yakubu Gowon made his first advocacy visit to the Northeast Zone's Gombe State (Dukku Local Government Area; villages of Walla Kahi and Malalaye) on July 15th-16th. The general met with the governor, who is himself an engineer, and who promised to purchase a drilling rig in order to provide safe water to endemic communities. The governor also released 1.5 million naira (~US\$18,000) to the program: 1 million for provision of water, and 0.5 million for repairing vehicles and other logistical supplies. General Gowon and his entourage also met with the Emir of Gombe and with the chairman of Dukku LGA. He also paid a return visit to Borno State (Bama LGA; this time to Chur-Chur and Malarire villages) on July 16th-18th.

TRANSITIONS

Dr. Trenton Ruebush, Director of the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis since August 1993, and currently Chief of the Malaria Epidemiology Section of CDC's Division of Parasitic Diseases, will relinquish those posts in September. He has accepted a position as CDC liaison at the Naval Medical Research Unit in Lima, Peru. Dr. Ruebush has been devoted to the cause of dracunculiasis eradication, undertaking two evaluations to the program in Ghana, and attending several Program Reviews for anglophone countries and other international meetings on The Worm, despite his many other duties. He will be greatly missed for his wise advice and steadfast support to the cause. Dr. Daniel Colley, Director of the Division of