




Memorandum

Date April 5, 1996

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

Subject GUINEA WORM WRAP-UP #55

To Addressees

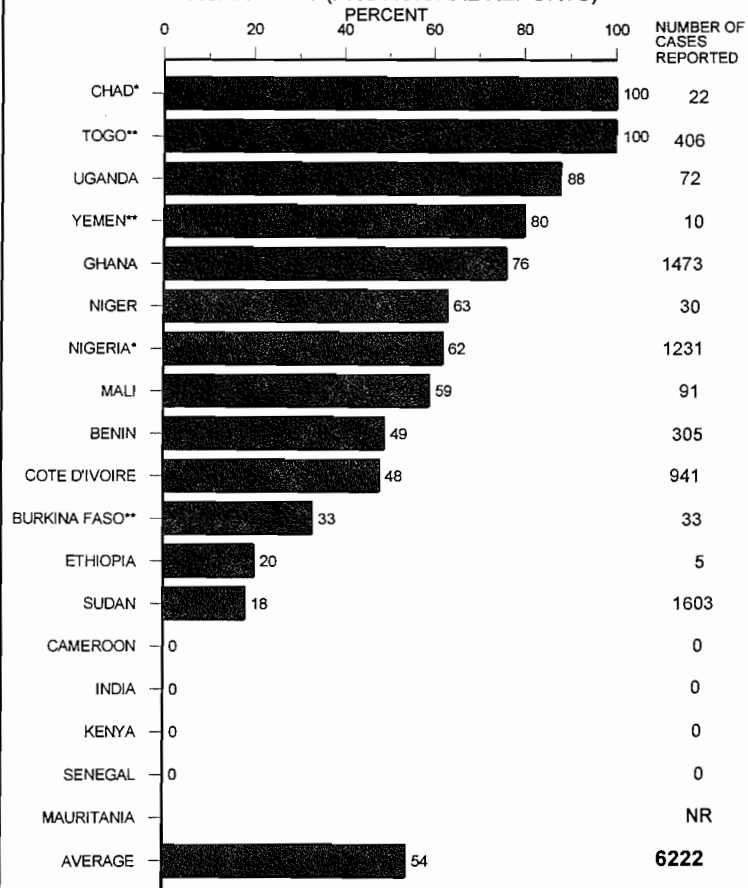
Detect Every Case, Contain Every Worm!

RAWLINGS OPENS SIXTH AFRICAN CONFERENCE ON DRACUNCULIASIS

President Jerry John Rawlings of Ghana opened the Sixth African Conference on Dracunculiasis Eradication at the International Conference Center in Accra, Ghana, on March 26. He noted that although endemic countries had not completely eradicated dracunculiasis by the end of 1995 as targeted, they had "a lot to be proud of". "A final push, and victory will be ours", he said. As for Ghana, the president said he intended for his country to be able to celebrate both the 40th anniversary of its political independence, and its independence from Guinea worm, by March 6, 1997. He challenged Ghana's neighbors to "join us in the race to eradication". The president of Mali's Intersectorial Committee for Dracunculiasis Eradication, former head of state General Amadou Toumani Toure, said in his opening remarks that he was celebrating the 5th anniversary of his accession as head of state of Mali, which also occurred on a Tuesday.

Figure 1

PERCENTAGE BY COUNTRY OF REPORTED CASES OF DRACUNCULIASIS THAT WERE CONTAINED DURING JANUARY - FEBRUARY 1996 (PROVISIONAL REPORTS)



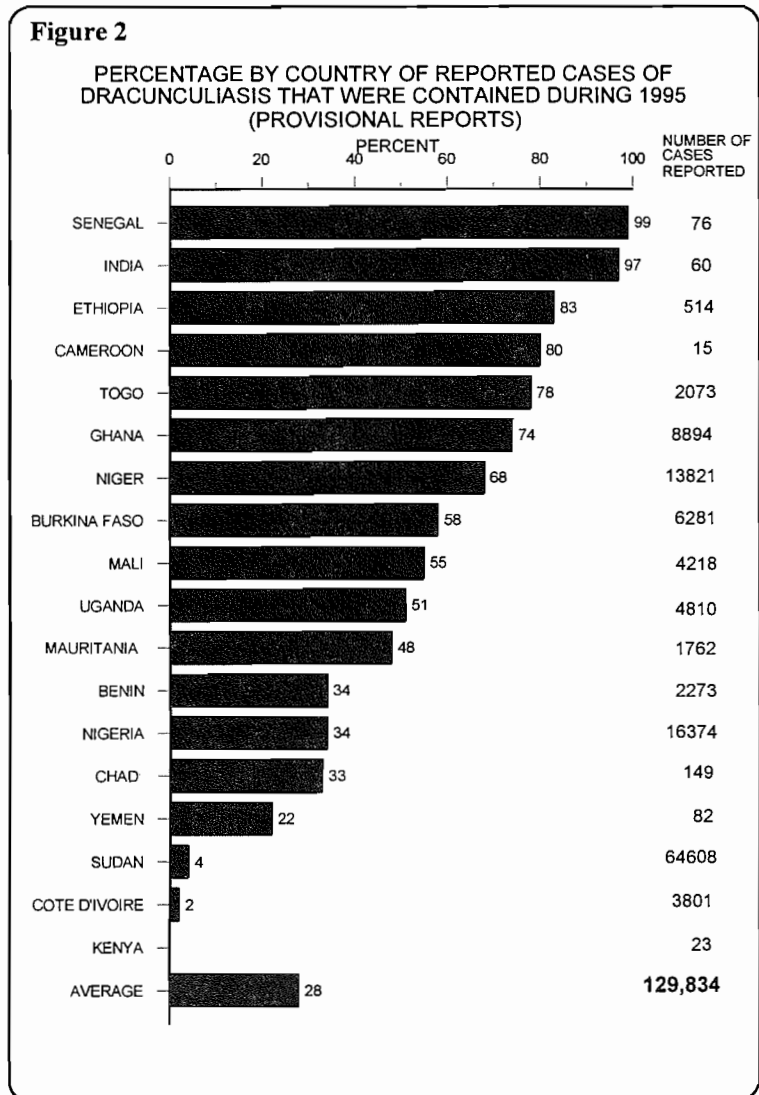
*Includes report of January 1996 only
**Includes reports of January - March 1996
NR Denotes no report

The theme of the conference, which was held from March 26 to 28 and was attended by over 150 persons, was "DETECT EVERY CASE, CONTAIN EVERY WORM". Presiding at the opening ceremony were the new minister for health of Ghana, Dr. Eunice Brookman-Amissah (who had been sworn in earlier the same day), and the national program coordinator of Ghana's Guinea Worm Eradication Program, Dr. Sam Bugri. Representing other principal sponsors at the conference's Opening Ceremony were WHO's regional director for Africa, Dr. Ebrahim Samba; the resident representative of UNICEF in Ghana, Dr. Ken Williams; and Global 2000 senior consultant Dr. Donald Hopkins. Dr. Samba pledged the commitment of WHO to the final push for eradication. All endemic African countries except Chad, Mauritania, and Senegal were represented at the meeting. [At this stage of the eradication campaign, the absence of these three national program coordinators is a concern for their neighbors and for all other endemic countries, as well as for their own countries.] Global 2000 and Health and Development

International sponsored the travel of the national program coordinator from Yemen to attend the conference. Perhaps the most important information emerging from the Accra conference was that, except for Sudan, 68.1% of cases reported for January and February 1996 were contained (Figure 1), and the incidence of dracunculiasis was reduced by about 60% in January - February 1996, compared to the same period in 1995. Sudan contained 18% of its cases in those two months. The percentage of cases contained is now the single most important indicator of each program's current efficacy. If that percentage is low, nothing else matters, except doing whatever is necessary to make it high, and if it is high, not much else matters either, except the completeness of reporting and keeping it high.

(See Conference Recommendations on page 3).

Other data for 1995 and 1996 are summarized in Tables 1-3 and Figures 2-3.



SIXTH AFRICAN CONFERENCE ON DRACUNCULIASIS ERADICATION
ACCRA INTERNATIONAL CONFERENCE CENTRE
26TH - 28TH MARCH 1996

The Conference Recommended that:

Actions for National Governments

1. As fewer and fewer external funds become available for the more difficult last phase of the programmes, it is crucial that every Guinea worm endemic country should make a renewed national commitment, both political and financial, to concluding the eradication effort promptly.
2. Serious consideration should be given to the empowerment of communities to own safe water supply systems. The encouragement of community-based groups, e.g., women and young people to manage the water and sanitation projects should be given a high priority.
3. Programmes should focus activities and health education, especially filter material and case management kits, on the currently endemic villages.
4. Imported cases of dracunculiasis should be notified immediately to WHO and the exporting country, using the form prepared for that purpose, and collaboration in cross border dracunculiasis surveillance should be intensified.
5. All endemic countries that are nearing eradication should each consider establishing a national committee for certification.
6. All programmes should intensify surveillance and capacity for case containment for Guinea worm disease in migrant or refugee populations in endemic countries.
7. All endemic countries should report monthly to WHO and other principal partners on key indicators as indicated on the WHO monthly reporting form.
8. As zero case reporting is approached in endemic communities, other programmes should be urged to take advantage of the successful dracunculiasis surveillance system to improve the reporting of other conditions.
9. At the appropriate time, each national programme and other countries with a history of Guinea worm should establish a reward system for ensuring that no Guinea worm cases escape detection.
10. All Guinea worm eradication programs should make every effort to intensify supervision of activities at all levels, using existing infrastructure even in the face of dwindling resources.

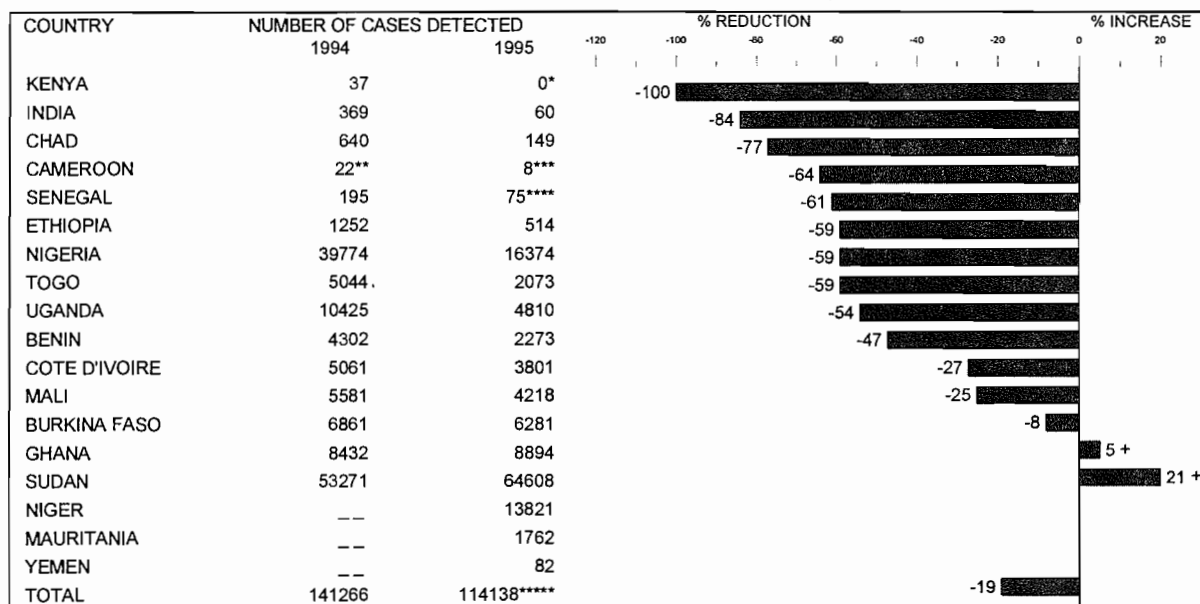
Actions for Regional Organizations

1. Guinea worm is difficult to eradicate in the presence of conflicts; therefore, the conference recommends that in countries where there is civil unrest, appropriate authorities should initiate talks at the highest possible levels to negotiate peace and cease-fire periods to accelerate program activities.

Actions for Donor Agencies

1. The unflinching support of various partners and donors to the GWEP is greatly appreciated and their continued support will be necessary for the successful attainment of dracunculiasis eradication.

Figure 3 PERCENTAGE CHANGE IN NUMBER OF CASES OF DRACUNCULIASIS REPORTED DURING THE PERIOD 1994 AND 1995, BY COUNTRY



-- Denotes no cases reported or incomplete reporting in 1994
 * Reported 23 imported cases
 ** Reported 8 imported cases
 *** Reported 7 imported cases
 **** Reported 1 imported case
 ***** This total excludes 15,665 cases reported from Niger, Mauritania and Yemen, which recorded no comparable data during 1994.

Table 1 PERCENT OF ENDEMIC VILLAGES REPORTING AND PERCENT OF CASES CONTAINED IN 1995

Country	Percentage of endemic Villages reporting	Percent of cases contained
Sudan	23%	4%
Nigeria	79%	34%
Niger	88%	68%
Uganda	95%	51%
Ghana	99%	74%
Burkina Faso	80%	58%
Mali	87%	55%
Côte d'Ivoire	95%	2%
Togo	94%	78%
Mauritania	96%	48%
Benin	81%	34%
Ethiopia	86%	83%
Chad*	99%	33%
India	100%	97%
Senegal	100%	99%
Yemen	99%	22%
Cameroon	86%	80%
Pakistan	100%	--
Kenya	NR	--

* Includes reports of January - November only
 NR = No Report

Table 2 MONTHLY REPORTING OF CASES OF DRACUNCULIASIS IN 1995
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1994)

COUNTRY	NUMBER OF CASES IN 1994	NUMBER OF CASES REPORTED IN 1995												TOTAL*
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
SUDAN	53271	344	172	735	1178	15206	10847	10692	6416	8967	4392	3409	2250	64608
NIGERIA	39774	2622	1789	2019	1316	1028	2044	1815	1199	815	667	452	608	16374
NIGER	18562	75	44	69	244	1040	2997	3351	2883	1949	692	357	120	13821
UGANDA	10425	224	225	306	1148	926	887	437	263	161	114	61	58	4810
GHANA	8432	1971	1986	1517	1004	862	579	341	125	70	59	183	197	8894
BURKINA FASO	6861	131	227	112	168	283	824	1761	1227	981	342	181	44	6281
MALI	5581	29	20	107	255	185	335	456	1060	683	423	422	243	4218
COTE D'IVOIRE	5061	688	809	588	409	401	208	150	102	66	140	90	150	3801
TOGO	5044	352	134	86	132	154	90	99	148	105	279	275	219	2073
MAURITANIA**	5029	0	0	1	8	61	118	182	642	236	74	31	409	1762
BENIN	4302	439	170	58	62	95	36	37	45	178	297	512	344	2273
ETHIOPIA	1252	19	10	15	88	97	109	108	26	31	6	1	4	514
CHAD	640	1	20	22	21	3	13	9	15	6	17	17	5	149
INDIA	371	0	0	2	3	3	14	20	13	3	1	1	0	60
SENEGAL	195	0	0	0	0	0	2	4	19	13	11	19	8	76
YEMEN	94	1	1	1	10	8	9	14	34	1	0	3	0	82
KENYA***	53	0	0	0	0	0	0	21	0	0	2	0	0	23
CAMEROON****	30	0	0	1	0	0	0	2	4	1	1	1	6	15
PAKISTAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL*	164977	6896	5607	5639	6046	20352	19112	19499	14221	14266	7517	6020	4659	129834

* Provisional
 ** 401 of 409 cases reported in December were from a retrospective assessment in Gorgol Region for the period September - December 1995.
 *** Reported 21 imported cases in July, and 2 in November
 **** Reported 2 imported cases in July, 4 in August, and 1 in October

Table 3

NUMBER OF CASES CONTAINED AND NUMBER REPORTED BY MONTH, 1996
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1995)

COUNTRY	# OF ENDEMIC VILLAGES: 1/196	NUMBER OF CASES IN 1995	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*			
			JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER				
SUDAN	1932	64608	236 / 921	60 / 682	/	/	/	/	/	/	/	/	/	/	/	/	/	296 / 1603
NIGERIA	1822	16374	769 / 1231	/	/	/	/	/	/	/	/	/	/	/	/	/	/	769 / 1231
NIGER	750	13821	17 / 25	2 / 5	/	/	/	/	/	/	/	/	/	/	/	/	/	19 / 30
GHANA	1057	8894	467 / 611	657 / 862	/	/	/	/	/	/	/	/	/	/	/	/	/	1124 / 1473
BURKINA FASO	561	6281	4 / 11	4 / 11	3 / 11	/	/	/	/	/	/	/	/	/	/	/	/	11 / 33
UGANDA	740	4810	41 / 48	22 / 24	/	/	/	/	/	/	/	/	/	/	/	/	/	63 / 72
MALI	534	4218	49 / 76	5 / 15	/	/	/	/	/	/	/	/	/	/	/	/	/	54 / 91
COTE D'IVOIRE	286	3801	159 / 367	288 / 574	/	/	/	/	/	/	/	/	/	/	/	/	/	447 / 941
TOGO	302	2073	200 / 200	168 / 168	38 / 38	/	/	/	/	/	/	/	/	/	/	/	/	406 / 406
BENIN	491	2273	133 / 234	16 / 71	/	/	/	/	/	/	/	/	/	/	/	/	/	149 / 305
MAURITANIA	255	1762	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
ETHIOPIA	77	514	0 / 1	1 / 4	/	/	/	/	/	/	/	/	/	/	/	/	/	1 / 5
CHAD	33	149	22 / 22	/	/	/	/	/	/	/	/	/	/	/	/	/	/	22 / 22
YEMEN	19	82	1 / 1	7 / 8	0 / 1	/	/	/	/	/	/	/	/	/	/	/	/	8 / 10
SENEGAL	15	76	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
INDIA	24	60	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
KENYA	0	23	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
CAMEROON	4	15	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
PAKISTAN	0	0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
TOTAL*	8902	129834	2098 / 3748	1230 / 2424	41 / 50	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3369 / 6222

* Provisional

NIGERIA MARKS SEVENTH NATIONAL GUINEA WORM ERADICATION DAY

Nigeria's minister of health, Dr. Ihechukwu Madubuike, spoke to the press on March 19 in marking Nigeria's seventh National Guinea Worm Eradication Day on March 20. He commended the efforts of all who contributed to the extraordinary reduction in incidence (97.5%) of dracunculiasis in Nigeria, especially the village-based health workers, and called on all concerned to keep up the momentum "until the last case is eliminated".

The Nigeria Guineaworm Eradication Program (NIGEP) announced four recipients of the 1996 Jimmy and Rosalynn Carter Award as part of its commemoration of the National Guineaworm Eradication Day:

1. Mr. Colin Davis, Chief, Water and Environmental Sanitation, UNICEF/Lagos
Mr. Davis has been a major factor in the success of the Nigeria Guineaworm Eradication Programme (NIGEP). He forged an efficient and productive partnership with NIGEP, backed by technical assistance and substantial financial resources. He has underscored these efforts by his insistence on priority being given to Guineaworm endemic villages for water supply, thereby contributing immensely to the reduction of Guineaworm cases in Nigeria.
2. Mr. Niran Fatinikun, Data Manager, NIGEP SW Zonal Office, Ibadan
A former NIGEP/National Youth Service Corps, Mr. Fatinikun has exhibited a high level of responsibility and competence in data management to become the Zonal Data Manager. His distinction as a data management resource person contributed immensely to the National Data Management format. His versatile and dedicated personality places him in the enviable position of the Anchorman for SW Zonal Office.
3. Miss Lola Ganiyat Olopade, a recent university graduate
A former NIGEP/National Youth Service Corps, Miss Olopade served with incredible dedication in the most difficult Local Government Area (LGA) of Niger State. Her undaunting personality saw as challenges the demand to raise the quality of monthly surveillance reporting, as well as remarkably improve on interventions. With selfless zeal, she responded to these needs. These qualities earned her the position of Field Manager in Paikoro LGA.
4. Alhaji K. Salami, a civil servant
A retired civil servant, Alhaji Salami has dedicated himself to the service of humanity through the establishment of the "Centre for Health and Human Services", with Guineaworm as its focus, and in recognition of President Carter's effort. Despite his physical disabilities, Alhaji Salami easily comes across as a unique Nigerian by the manner in which he has dedicated his retirement to the Guineaworm Eradication Programme and to humanitarian services.

ABATE SHIPMENT

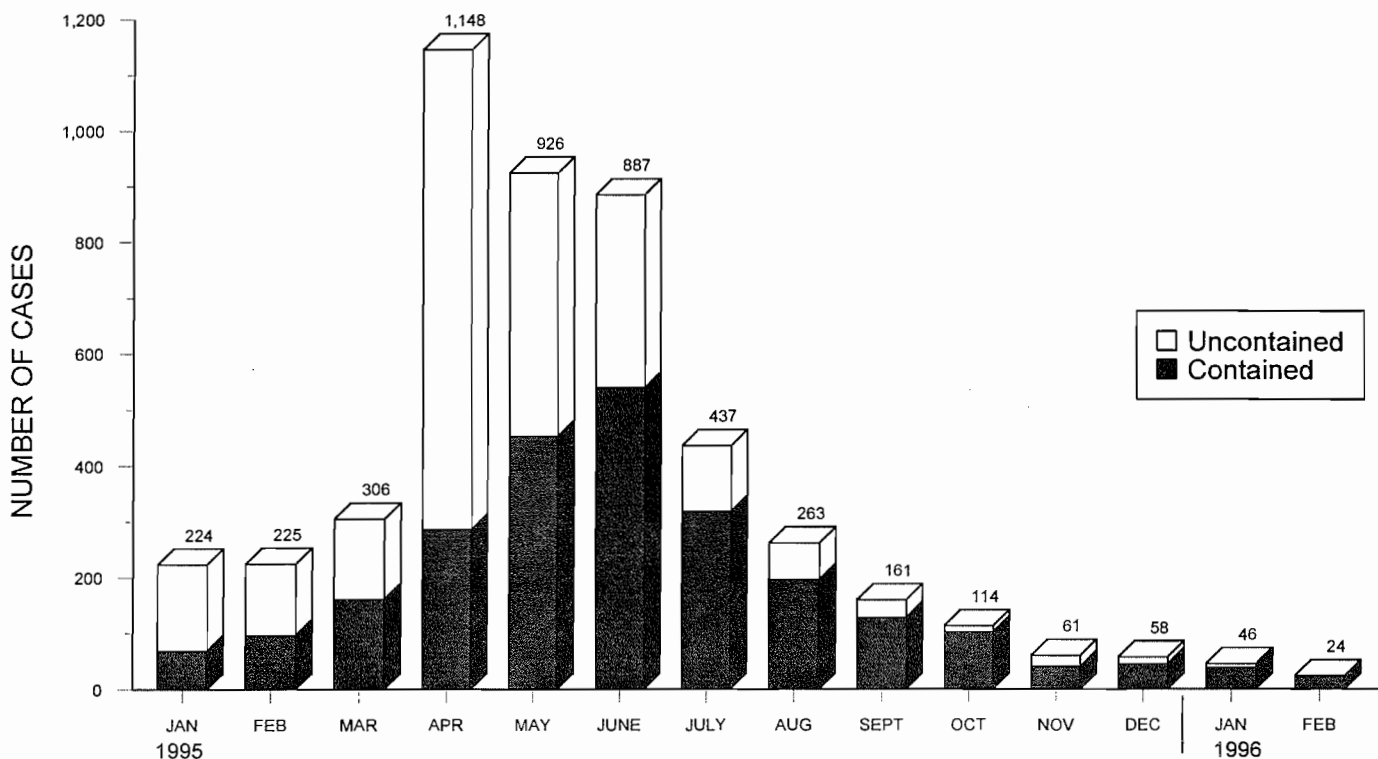
A total of 7,000 liters of Abate were shipped from the American Cyanamid (American Home Products) Plant in Bombay, India, on March 23, 1996. The anticipated transit time for the shipments to Nairobi, Kenya (1,600 liters), Lagos, Nigeria (2,700 liters), and Accra, Ghana (2,700 liters) is about 25 days. The Nairobi shipment is for East Africa and Yemen; the Lagos shipment is for Nigeria, Niger, and Benin; and the Accra shipment is for Ghana, Burkina Faso, Côte d'Ivoire, Mali, Mauritania, and Togo.

RECENT PUBLICATIONS



WHO, 1996. Dracunculiasis Certification of Eradication. Wkly Epidemiol Rec, 71:81-83.

**UGANDA GUINEA WORM ERADICATION PROGRAM
NUMBER OF CASES OF DRACUNCULIASIS
REPORTED AND CONTAINED: JAN. 1995 - FEB. 1996**



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Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.

The GW Wrap-Up is published in memory of BOB KAISER.

For information about the GW Wrap-Up, contact Trenton K. Ruebush, MD, 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) 448-4532.



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