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

Subject: GUINEA WORM WRAP-UP #123

To: Addressees

WHAT'S NEW IN 2002?

TOGO INCREASING ITS INTERVENTIONS

Following an explosive outbreak of dracunculiasis cases in the village of Kpatala, in Ogou District, late in 2001, Togo's Guinea Worm Eradication Program continues to strengthen interventions against the disease. The outbreak of 304 cases in Kpatala (population~3000) included 60% of all (508) cases in Ogou District, and 22% of all 1,354 cases in Togo in 2001. Kpatala is located only 15 kilometers (9 miles) on a direct road from the Beninois commune of Tchetti, which also suffered an unexpected outbreak (108 cases) late last year in four closely grouped localities, that included 72% of the 151 indigenous cases reported in all of Benin in 2001. The two villages share the same ethnic groups and some of the same extended families. At least eight of the 21 cases of dracunculiasis that were imported into Benin in 2001 came from Kpatala.

The latest status of interventions in the 12 highest endemic districts of Togo is summarized in Table 1 (Togo has 30 districts). These 12 districts included 345 of the 351 cases reported in all of Togo in January-April 2002; the top three districts reported 76% of all the cases so far this year. The percentage of villages with filters in all households reflects only new or replacement filters distributed so far in 2002—a process that should be completed by the end of May. A few hundred pipe filters are also being distributed to test their acceptability. The list of health education activities includes some interventions (e.g., "Worm Weeks") that were conducted after July 2001. By July this year, the program will begin systematic spot-checking of a sample of villages where Abate is being used, to help improve the quality, completeness and timeliness of that intervention. Togo has reportedly contained 70% of all cases so far in 2002, compared to 62% in 2001. The program is also working with the country's primary health care system to establish 13 "containment houses," beginning in August 2001, where patients are voluntarily treated and housed in clinics, local hospitals, or specially constructed temporary facilities (where necessary) to facilitate complete interruption of transmission. An increasing proportion of cases is expected to be contained in this manner, beginning in the current low transmission season (April-September). With support from The Carter Center/Global 2000, U.S. Peace Corps also will help to conduct four more "Worm Weeks" of intensive interventions in eight high priority districts, including in Kpatala, in July-September 2002, as well as increased mass health education (radio, theater, etc.) and construction of hand dug wells by residents of endemic villages. Five Peace Corps Volunteers are working with the program full-time in Ogou, Ave, and Agou Districts. Plan International and UNICEF are providing new and rehabilitating old wells and hand pumps in some endemic villages. The Carter Center provided 15.5 person-months of in-country technical assistance in 2001, and is providing 29.5 person-months of assistance in 2002.

Under the leadership of Mr. K. Ignace Amegbo, the program received review visits in May 2002 by Dr. Alhousseini Maiga and Dr. Anders Seim of WHO/AFRO and Health and Development International, respectively, and by Dr. Ernesto Ruiz and Dr. Donald Hopkins of The Carter Center/Global 2000. A new national pre-certification committee (*Comite du Suivi du la Pre-certification*), chaired by Mr. Kampatibe Kombaté, representatives of the national Guinea Worm Eradication Program, WHO, UNICEF, Peace Corps and The Carter Center/Global 2000, met for the first time in April. Following a disappointing increase in cases in 2001, Togo's Guinea Worm Eradication Program may be starting to turn around, with decreases of -52% and -50% in cases in March and April 2002 (vs. March-April 2001), compared to increases of 51% and 10% in January and February 2002.

Table 1

**Togo Guinea Worm Eradication Program
Status of Interventions: January - May 2002**

District	Number of cases	% of cases contained in 2002	% of cases contained in containment houses	Number of containment houses (when established)	Number of Endemic Villages	% of Endemic Villages			
						with 100% filter coverage	using Abate	with 1 or more safe water sources	Provided Health Education*
Ogou	530	90	6	4 (Aug - Oct '01)	54	100	94	57	1,2,3,4,5,6,7,8,9
Ave	226	60		1 (Sept. '01)	27	100	44	52	2,3,4,5,9
Haho	193	49		1	33	55	21	24	3,4,5,8,9
Keran	73	100		0	6	33	50	50	1,3,4
Doufelgou	63	96		0	6	67	100	50	1,3,4,8
Zio	56	8		1	15	67	60	87	1,3,4,5,6
Sotouboua	47	0		0	6	50	33	67	3
Yoto	44	62		1	8	63	100	75	3,9
Est Mono	42	92	69	3 (Sept - Nov '01)	9	89	100	33	1,2,3,4,8
Bassar	28	100		0	10	90	80	50	2,3,4
Agou	26	100	31	2 (sept. '01)	7	86	86	29	3,4,5,7
Dankpen	17	0		0	4	75	75	25	3,4

* See codes below

- 1 Flip charts
- 2 Public meeting to discuss GW prevention
- 3 posters, t shirts, gw cloth
- 4 radio / TV / video / cinema
- 5 schools / comic books
- 6 churches / mosques
- 7 market strategy
- 8 theater / drama
- 9 "worm week"

GHANA: MORE INTERVENTIONS, BETTER REPORTING, FEWER CASES

Ghana continues to strengthen interventions in priority endemic areas, as recommended at the latest six-monthly review that was held in Sunyani, Brong-Ahafo Region in February 2002. The districts of greatest concern now are Kintampo and Atebubu in Brong-Ahafo Region, plus Nanumba, East and West Gonja, Zabzugu-Tatale, and Tamale Districts in Northern Region. Reporting of interventions in individual districts has improved substantially since February. The latest status of filter coverage and case containment in the 15 highest endemic districts, that reported 95% of all cases in the country in January-March 2002, is summarized in Table 2. Reported filter coverage is still less than 90% in Tamale, Kintampo, Akatsi, and Saboba Districts, and Wa District has reported no data. Four of the 15 districts reported case containment rates of 85% or more. WHO/Ghana has funded “Worm Weeks” that will be conducted in 7 of the top 15 districts (Atebubu, Kintampo, Tamale, East and West Gonja, Kete-Krachi, and Wa) before the end of June 2002. UNICEF/Ghana will help villagers in Kintampo District to build hand dug wells (and repair bore hole wells), has already provided 22 bore hole wells in endemic villages of Zabzugu-Tatale, Yendi, Nanumba and East Gonja Districts so far this year, and will provide 20 bore hole wells for other priority endemic communities later this year. The next six-monthly national review meeting is scheduled to be held in Tamale, Northern Region on August 14-15. Ghana has reported a total of 1,836 cases in January-March 2002, which is a reduction of –24% from the 2,403 cases reported during the same three months of 2001.

Table 2

Ghana Guinea Worm Eradication Program Status of filter coverage and case containment Jan. – March 2002 in 15 highest endemic

District *	Region	% endemic village with filters in 100% h/h	# Cases reported Jan. - Mar. 2002	% Cases contained
Nanumba	Northern	100%	373	61%
Atebubu	Brong Ahafo	100%	91	85%
W. Gonja	Northern	100%	155	63%
E. Gonja	Northern	100%	131	56%
Zab-Tatale	Northern	100%	306	59%
Tamale	Northern	73%	207	74%
Kete-Krachi	Volta	96%	38	61%
Nkwanta	Volta	96%	30	77%
Yendi	Northern	93%	29	79%
Wa	Upper West	N.D.	50	86%
Kintampo	Brong Ahafo	83%	216	45%
Gushiegu / Karaga	Northern	91%	23	91%
Savalugu / Nanton	Northern	97%	29	97%
Akatsi	Volta	78%	37	78%
Saboba / Chereponi	Northern	59%	37	59%

districts

* ranked in descending order of cases reported in 2001

N.D. – No data

Table 3

Dracunculiasis Eradication Campaign: Status of Interventions as of March / April 2002*

Country	Number of cases reported in 2002	Number of villages reporting 1 or more cases in 2001	Percentage of Endemic Villages				% of cases contained
			with filters in 100% of h/h	using Abate	with 1+ sources of safe water	provided H.E.	
Sudan	2755	3921	45%	1%	62%	56%	55%
Nigeria	1435	733	98%	23%	53%	100%	59%
Ghana	2191	799	83%	15%	43%	98%	65%
Togo	351	180	81%	67%	50%	97%	70%
Burkina Faso	58	202					84%
Mali	15	120					73%
Niger	6	50					100%
Cote d'Ivoire	167	28					99%
Benin	47	39					91%
Mauritania	0	25					
Uganda	2	8					100%
Ethiopia	5	10					40%

*Blank spaces mean no current data are available. National Program Coordinators are reminded of their obligation to report on the status of all interventions monthly, in addition to reporting the number of cases detected and contained.

Table 4

Number of cases contained and number reported by month during 2002*
(Countries arranged in descending order of cases in 2001)

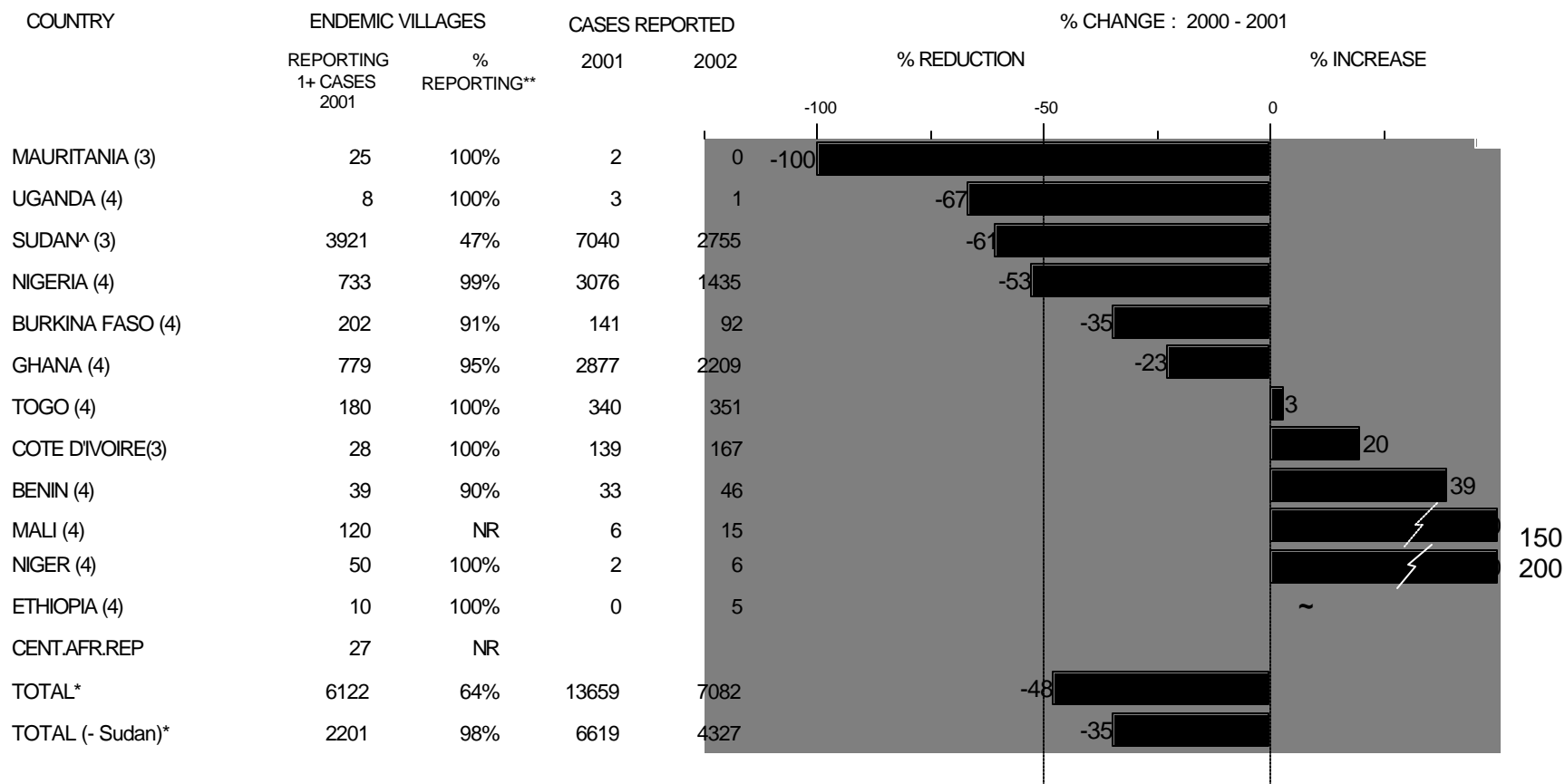
ENDEMIC COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	
SUDAN	628 / 1070	505 / 986	382 / 699	/	/	/	/	/	/	/	/	/	1515 / 2755
NIGERIA	350 / 647	195 / 336	148 / 220	152 / 232	/	/	/	/	/	/	/	/	845 / 1435
GHANA	497 / 744	389 / 680	303 / 412	280 / 373	/	/	/	/	/	/	/	/	1469 / 2209
TOGO	147 / 189	70 / 98	18 / 40	12 / 24	/	/	/	/	/	/	/	/	247 / 351
BURKINA FASO	7 / 9	29 / 33	17 / 19	21 / 31	/	/	/	/	/	/	/	/	74 / 92
MALI	3 / 5	4 / 5	4 / 5	0 / 0	/	/	/	/	/	/	/	/	11 / 15
NIGER	6 / 6	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	6 / 6
COTE D'IVOIRE	90 / 91	52 / 52	23 / 24	/	/	/	/	/	/	/	/	/	165 / 167
BENIN	28 / 28	8 / 11	7 / 8	4 / 4	/	/	/	/	/	/	/	/	47 / 51
MAURITANIA	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0
UGANDA	0 / 0	0 / 0	1 / 1	1 / 1	/	/	/	/	/	/	/	/	2 / 2
CAR	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
ETHIOPIA	0 / 0	0 / 0	1 / 1	2 / 5	/	/	/	/	/	/	/	/	3 / 6
TOTAL*	1756 / 2789	1252 / 2201	904 / 1429	472 / 670	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	4384 / 7089
% CONTAINED	63	57	63	70									62

* PROVISIONAL

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

Figure 1

Percentage of Endemic Villages Reporting and Percentage Change in Number of Indigenous Cases of Dracunculiasis During 2001 and 2002*, by Country



* provisional

^ 2,523 (31%) of 8,269 endemic villages are not accessible to the program

(4) Indicates month for which reports were received, i.e., Jan. - Apr. 2002

NR No Report

DR. FRANK GRANT OF GHANA (1924-2002)

It is with great sadness and regret that we report the passing of Dr. Francis Chapman Grant on Monday, May 6, 2002, after a long illness. Dr. Grant was a strong, effective supporter of Ghana's Guinea Worm Eradication Program, which he also assisted periodically as a consultant to Ghana's Ministry of Health, and to The Carter Center (Global 2000). He participated in President and Mrs. Jimmy Carter's first visit to endemic villages in Ghana in March 1988, during the Second African Conference on Dracunculiasis Eradication, which met in Accra. Despite his illness, he attended the six-monthly review of Ghana's Guinea Worm Eradication Program that was held in Accra in September 2001. Long before his Guinea worm eradication activities, Dr. Grant led Ghana's successful fight to eradicate smallpox in the late 1960s during his service in the ministry of health, where he rose to become deputy director of health services before his retirement. With another consultant, he helped WHO headquarters staff prepare the comprehensive plan for smallpox eradication that was presented to the Eighteenth World Health Assembly in 1965, just before the inauguration of that global campaign. He also chaired the November 1970 meeting of WHO's Expert Committee on Smallpox Eradication in Geneva. Tall, slim and soft-spoken, his wise counsel and experience will be dearly missed. We extend our profound condolences to his wife and their family.

IN BRIEF:

Ethiopia has reported 7 cases of dracunculiasis in April, all in Gambella Region. One of the cases was imported from Sudan, and only two of them were contained.

Niger has completed training for village-based health workers in all endemic regions, in preparation for its peak transmission season (July-October). The frequency of supervision in endemic localities is being increased to three times a month (from twice monthly), and the reward system, which was introduced in one district of Dosso Region in 2001, is being extended to all districts of Dosso, Maradi and Tahoua Regions. American (PCVs) and Japanese (JOCVs) Volunteers will help to conduct additional "Worm Weeks" in Tera and Mirriah Districts in May. Additional camels have been provided, which brings the total number of trained Touareg health volunteers who are able to thus oversee otherwise non-accessible endemic areas in Tera and Tillabery Districts to four.

Burkina Faso completed "Worm Weeks" in 16 or 17 of its most highly endemic villages before the end of the first week in May, with the assistance of Peace Corps Volunteers. These are the first Worm Weeks to be conducted in that country. Cloth filters are being distributed house-to-house in endemic villages, along with demonstrations of how to use them (peak transmission season here is May-October).

Sudan. After an interminably long bureaucratic journey and innumerable complications, two four-wheel-drive vehicles provided to the Sudan Guinea Worm Eradication Program by The Carter Center arrived and began work at their respective stations in Western Equatoria and Lakes (Buheirat) States in March. The vehicles were accompanied by the Carter Center-supported field officers (Mr. Lexson Mabrouk and Mr. Shadrack Chol, respectively) and supplies for the program in the two emphasis states.

THREE CIRCLES OF CONTAINMENT

Containment of transmission **in the individual**: isolate patients in case containment houses or similar primary health care facilities; monitor case containment rates.

Containment of transmission **in the household** provide cloth filters and teach villagers how to use them; monitor proportion of endemic villages with such filters in all households.

Containment of transmission **in the community**: provide timely, effective, complete treatments of water sources with Abate, educate villagers to prevent GW patients from contaminating drinking water, help provide safe sources of

drinking water; monitor all three of these.

When implemented well, in combination with active surveillance, any one of these three barriers to transmission of dracunculiasis would completely halt further spread of the disease in an endemic area. The fact that transmission continues, or even increases, despite the claimed deployment of all of these in many areas, is a measure of how imperfectly programs have applied the three barriers to transmission.

GENERAL TOURE WINS PRESIDENCY OF MALI!!!!!!

In a run-off election held on May 15th, General Amadou Toumani Toure, who has fought passionately for dracunculiasis eradication over the past ten years, as chairman of Mali's Intersectoral Committee for Dracunculiasis Eradication, was elected President of Mali. As the leader of the military group that overthrew a 23-year dictatorship in 1991, General Toure kept his word by handing over the government to a freely elected civilian, President Alpha Konare, 14 months later with the words, "Mr. President, I give you that which I hold most dear, Mali." After two five-year terms in office, President Konare was not eligible to seek a third term under Mali's constitution. Since he was recruited to make war on Guinea worm disease by former U.S. President Jimmy Carter in September 1992, General Toure made mobilization visits to all endemic areas of Mali, and also visited all of the other nine endemic francophone countries to advocate at the highest levels for Guinea worm eradication. The highly popular and widely respected Malian former head of state also participated vigorously in many of our international meetings and program reviews, where few who heard him speak will soon forget it. At his most recent such appearance, the Program Review for francophone endemic countries that was held in Cotonou, Benin in October 2001, General Toure said he had not yet decided whether to run for president, but that regardless of whether he ran for president or not, and whether he won or not, he would pursue Guinea worm eradication to its end. CONGRATULATIONS, PRESIDENT ATT, AND THANK YOU FOR YOUR WORK ON BEHALF OF DRACUNCULIASIS ERADICATION! Message to those Guinea worms still at large in Ansongo, Gao and Gourma Rharous *cercles*: your end is near.

RECENT PUBLICATIONS

World Health Organization, 2002. Dracunculiasis eradication: Khartoum Declaration on guinea-worm eradication, Sudan, 2002. Wkly Epidemiol Rec 77: 141-143.

World Health Organization, 2002. Dracunculiasis eradication: Global surveillance summary, 2001. Wkly Epidemiol Rec 77: 143-152.

*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.