DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)
Memorandum

Date: May 28, 2004

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

Subject: GUINEA WORM WRAP-UP #143

To: Addressees

Are You Containing More Than 85% of All Cases?

MINISTERS AGREE TO ERADICATE DRACUNCULIASIS BY END OF 2009

In a landmark decision taken during a one hour meeting with former U.S. President Jimmy Carter of The Carter Center, WHO Regional Directors Dr. E.M. Samba (AFRO) and Dr. H. Gezairy (EMRO), UNICEF deputy Executive Director Mr. Kul C. Gautam, and Chairman of the International Commission for the Certification of Dracunculiasis Eradication (ICCDE) Dr. A. A. Al-Awadi at a meeting during the Fifty-Seventh World Health Assembly in Geneva on May 19, ministers of health and their representatives* from the 12 remaining endemic countries declared their intention to complete the eradication of dracunculiasis by the end of 2009. The ministers made clear during the discussion, however, that the 2009 target was mainly for Sudan, because of the civil war in that country, and that the other endemic countries should have reached zero cases well before that date. Signing the "Geneva Declaration" were the ministers of health of Benin, Burkina Faso, Ethiopia, Ghana, Mauritania, Niger, Nigeria, and Uganda; representatives of the ministers of health of Cote d'Ivoire, Mali, Sudan, and Togo; the two WHO regional directors, the UNICEF deputy executive director, and the chairman of The Carter Center.

The Geneva Declaration, which is reproduced on pages 2 - 3, describes specific priority actions needed in each of the endemic countries. During the meeting, ICCDE chairman Dr. Al-Awadi said he was happy to see the representatives of these last 12 countries "face to face", and asked if they were willing to accept the challenge of completing the eradication of dracunculiasis. In brief remarks, ministers or representatives from Sudan, Ghana, Nigeria, Niger, Burkina Faso, Benin, Uganda, and Mauritania referred to the progress already made and the remaining challenges, thanked the major partners for their assistance, and stated their intentions to finish the job quickly. President Carter noted that he had personally visited each of the 12 countries to advocate for Guinea worm eradication, lauded the special roles played by President Amadou Toumani Toure of Mali and former Nigerian head of state General (Dr) Yakubu Gowon, and commended the success being achieved by most of the countries. Like the UNICEF deputy director and the two regional directors of WHO, he pledged his personal support and that of his institution in this final phase. The 12 African representatives and the four representatives of WHO, UNICEF, and The Carter Center then signed the Declaration, and added the specific target date that had been suggested and agreed on during the discussion.

* Ministers: Mme. C.Y. Kandissounon Seignon (Benin), Mr. B.A. Yoda (Burkina Faso), Dr. K. Tadesse (Ethiopia), Dr. K. Afriyie (Ghana), Mr. I. Ould Abdel Kader (Mauritania), Dr. M. Sourghia (Niger), Prof. E. Lambo (Nigeria), Mr. J. Muhwezi (Uganda).

Ministerial representatives: Dr. B. Guessan Bi Gouzan for Dr.A.M. Toikeusse (Cote d'Ivoire), Secretary-General Dr. M.A. Kane for Dr. M.Z.M. Youba (Mali), Director-General Dr. I.M. Abdalla for Dr. A. B. Osman (Sudan), Dr. T. Potougnima for Mme. S. Aho (Togo).

Following the signing of the Geneva Declaration by the representatives from the twelve endemic countries at their roundtable discussion on May 19, the entire World Health Assembly adopted a resolution (WHA57.9) three days later that was introduced by Sudan and amended to include the 2009 target date, urging Member States, WHO, UNICEF, The Carter Center and other appropriate entities to work to achieve that goal. This historic resolution is reproduced on pages 3-4. During his earlier address to the plenary session of the World Health Assembly on May 19, President Carter referred to efforts to eradicate dracunculiasis as one of several specific initiatives being taken to help bridge the growing gap between the rich and the poor. His description of the eradication campaign's achievements so far was followed by sustained applause.

Geneva Declaration
"The Final Push for Dracunculiasis Eradication"

We, the Ministers of Health of Benin, Burkina Faso, Côte d'Ivoire, Ethiopia, Ghana, Mali, Mauritania, Niger, Nigeria, Sudan, Togo and Uganda, the 12 countries still endemic for dracunculiasis, meeting on 19 May 2004 during the Fifty-seventh World Health Assembly in Geneva, Switzerland,

Recalling Health Assembly resolutions WHA39.21, WHA42.29, WHA44.5 and WHA50.35;

Noting the tremendous progress made since the inception of the dracunculiasis eradication programme in reducing the number of cases from 3.5 million to below 33 000;

Noting that 168 countries and territories are already certified free of dracunculiasis transmission;

Acknowledging that, in the areas where the disease is still present, it is a barrier to development, as it adversely affects the workforce and prevents children from attending school;

Recognizing that further efforts and resources are required to achieve eradication as soon as possible;

Recognizing the important investment made so far by governments, international organizations, nongovernmental organizations, the private sector and individuals;

Hereby commit ourselves to lead political, technical and financial efforts towards the eradication of dracunculiasis in our countries by ensuring:

1. greater involvement of political leaders, including heads of states and government;

2. maintenance of adequate budgetary provisions for national dracunculiasis eradication programmes, especially in the last phase of eradication;
3. intensified surveillance in areas where dracunculiasis transmission has been interrupted in countries that otherwise are highly endemic for the disease (particularly Burkina Faso, Ghana, Mali, Nigeria, Sudan and Togo);

4. provision of safe drinking water to populations at risk of dracunculiasis transmission (particularly Mali, Mauritania and Niger);

5. increased commitment of national personnel at all levels of the health systems to implementation of eradication activities, in particular the supervision of village volunteers;

6. targeted advocacy campaigns to involve villagers, eminent persons and influential local leaders in prevention activities;

7. national and international pressure to insure safe passage and working conditions in areas of conflict or civil unrest, such as Sudan, Uganda, Ethiopia, Cote d'Ivoire, Niger and Mali;

8. rapid mobilization of resources to implement eradication activities in newly accessible areas immediately following the cessation of hostilities and preparedness for best management and implementation of Guinea worm eradication activities in post war era in Sudan.

We, representing the Governments of Benin, Burkina Faso, Cote d'Ivoire, Ethiopia, Ghana, Mali, Mauritania, Niger, Nigeria, Sudan, Togo and Uganda, WHO, UNICEF and The Carter Center, commit ourselves to intensifying implementation of eradication activities to free the world of dracunculiasis by the end of 2009.

Adopted in Geneva, Switzerland
19 May 2004

FIFTY-SEVENTH WORLD HEALTH ASSEMBLY **WHA57.9**
Agenda item 12.16 **22 May 2004**

Eradication of dracunculiasis

The Fifty-seventh World Health Assembly,

Having considered the report on eradication of dracunculiasis;1

Noting with satisfaction the excellent results achieved by the endemic countries in decreasing the number of dracunculiasis cases from an estimated 3.5 million in 1986 to 32 000 reported cases in 2003;

Noting also that only 12 countries are endemic, all in sub-Saharan Africa,

1. CONGRATULATES Member States, the Organization and partner bodies, particularly UNICEF and The Carter Center, for increasing the availability of safe and potable water, improving surveillance for case detection, strengthening interventions and expanding public awareness of the dis ease;

2. CONGRATULATES the 168 countries and territories that have been certified free of dracunculiasis transmission since the International Commission for the Certification of Dracunculiasis Eradication was established in 1995;

3. RECALLS that ministers of health from the remaining endemic countries signed, at the time of the Fifty-seventh World Health Assembly, the Geneva Declaration for the Eradication of Dracunculiasis by 2009;

4. URGES the remaining endemic countries to intensify their eradication efforts, including active surveillance and prevention measures;

5. URGES Member States, the Organization, UNICEF, The Carter Center and other appropriate entities to capitalize on current successes and opportunities by continuing their commitment, collaboration and cooperation, to ensure political support at the highest level, and to assure that the much-needed resources are mobilized for the completion of eradication by 2009;

6. RECOMMENDS the Director-General to provide support for mobilization of adequate resources required for the eradication of dracunculiasis through the last steps of the programme and for its verification and certification activities for a world free of dracunculiasis.

Eighth plenary meeting, 22 May 2004
A57/VR/8

1 Document A57/33.

GHANA: TWO STEPS FORWARD, ONE STEP BACK

In January-April 2004, 14 of the top 20 dracunculiasis-endemic districts of Ghana have reduced the reported incidence of Guinea worm disease by -52%, from 3,475 cases to 1,671 cases! The highest percentage reductions, -68%, were achieved in East Gonja and Nanumba Districts. (Figure 1). Nanumba District has now recorded consecutive reductions in each of the past 7 months, even though 16% of its cases in January-March 2004 were imported from other districts. Drilling teams of the Government of Ghana's HIPC-funded initiative began working in endemic villages of East Gonja in March. UNICEF-supported drilling rigs also began work on 20 new borehole wells and repaired 8 wells in endemic villages of Zabzugu-Tatale District in March. The Northern Region overall has reported –20% fewer cases in January-April 2004, compared to the same period of 2003.

Regrettably, these significant reductions in cases in the 14 districts were offset by dramatic increases in cases in four districts where unexpected outbreaks were discovered in February (Nkwanta), April (Savelugu-Nanton), September (Tolon-Kumbungu) and December (Kete Krachi) 2003 (see Figure 1). The percentage increases in cases in these four of Ghana's top twenty districts during January-April 2004 were 160%, 490%, 1,060% and 752%, respectively, from a combined total of 563 cases to 2,315 cases. Common to all four of theses districts were passive or absent surveillance and inadequate or delayed response when the cases first appeared, lapses for which Ghana is now paying the price. Savelugu-Nanton added 270 Ghana Red Cross Mothers Clubs volunteers to its team in June 2003, and Tolon-Kumbungu added 315 Ghana Red Cross volunteers in April 2004. But of 14 successful borehole wells drilled in endemic communities of Savelugu-Nanton District in 2003, only five wells were functioning as of early May 2004, while 9 wells were still waiting to be fitted with hand pumps or cement aprons. Of 24 successful borehole wells drilled in 17 endemic communities of Kete Krachi District with HIPC funds in 2004, none had been fitted with hand pumps as of April. In Ghana's most endemic district, Nkwanta in Volta Region, 10 boreholes drilled in 6 targeted communities using HIPC funding yielded water, but as of April none had been fitted with cement aprons or hand-pumps. So far, four new wells have been drilled and are functioning in three of the top 20 endemic villages from 2003: these three villages ranked #2 (200 cases), #6 (113 cases) and #16 (82 cases) last year, and reported 18% of the 2,214 cases from Ghana's top 20 villages.

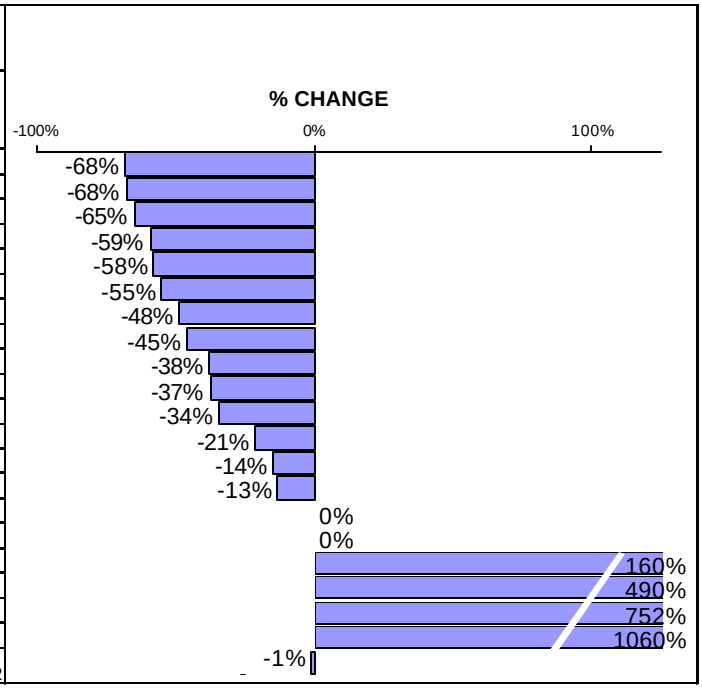
Ghana's overall reported rates of case containment have declined from 66% in 2002 to 59% in 2003 to 48% in January-April 2004. The true case containment rate is somewhat higher, however, because cases that are reported but not yet confirmed as contained in a given month, but which complete their containment in the following month, are often not reflected properly in monthly reports. This is an important illustration of Ghana's need to improve the timeliness, completeness and accuracy of its monthly reporting on the status of interventions.

Meanwhile, participants in the National Immunization Days for polio eradication during 26-28 March also conducted case searches for Guinea worm disease. Ghana's Guinea Worm Eradication Program recently conducted "Worm Weeks" with assistance from U.S. Peace Corps Volunteers in 23 endemic communities of Nkwanta, Kete Krachi, East Gonja and Nanumba Districts (14-21 March), and Mini Worm Weeks in 34 endemic communities of Atebubu and Kintampo Districts (19-21 March) and in 5 endemic communities of Yendi District during the second week of April.

Figure 1

Status of Top 20 Endemic Districts in Ghana 2003

District	Cases Reported	
	January - April 2003	January - April 2004*
East Gonja	796	256
Nanumba	617	200
Atebubu	85	30
Sene	39	16
Akatsi	19	8
Tamale	652	292
West Gonja	292	151
Afram Plains	11	6
Wa	16	10
Zabzugu/Tatale	329	206
Kintampo	97	64
Gushegu/Karaga	229	181
Yendi	278	238
Saboba/Chereponi	15	13
Bole	2	2
Nadowli	4	4
Nkwanta	414	1075
Savelugu/Nanton	70	413
Kete Krachi	29	247
Tolon/Kumbungu	50	580
Total	4,044	3,992



* Provisional

Number of Cases Reported During January - April 2003 and 2004*, Percent Change in Cases Reported

CASE CONTAINMENT CENTERS HELP REDUCE DRACUNCULIASIS IN TOGO

Throughout 2003 Togo's GWEP implemented the full range of interventions against transmission of dracunculiasis, including the operation of 11 case containment centers (CCCs) in 6 of the 19 endemic districts. A total of 89 endemic villages in these 6 districts were served by CCCs throughout 2003 and 2004 so far, and another 89 endemic villages in the remaining 13 endemic districts were not served by CCCs during the same time period. Whereas during January – April 2003 a total of 182 cases were reported from 89 villages served by the CCCs in these 6 districts, only 51 cases were reported from these same 89 villages during the same period in 2004, a reduction of –72% (see Figure 2). Overall, 137 (75%) of the 182 cases reported during January – April 2003 were contained, and 77 (56%) of the 137 contained cases were contained at a CCC. The comparable case containment rates during January – April 2004 are: 49 (88%) of 56 cases contained, and 28 (59%) of the 49 contained cases were contained at a CCC.

In the 89 villages not served by CCCs during January – April 2003 there were 84 cases reported and 60 (71%) were contained, whereas 91 cases were reported and 68 (75%) were contained during the same period in 2004. However, the 8% increase in cases reported resulted mainly from unexpected outbreaks of dracunculiasis in Doufelgou and Bassar Districts in early 2004.

Table 1

Number of cases contained and number reported by month during 2004*

(Countries arranged in descending order of cases in 2003)

COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*
SUDAN	27 / 122	41 / 124	16 / 34	/	/	/	/	/	/	/	/	/	84 / 280
GHANA	480 / 1211	550 / 1130	528 / 976	472 / 906	/	/	/	/	/	/	/	/	2030 / 4223
NIGERIA	81 / 101	64 / 73	40 / 48	25 / 31	/	/	/	/	/	/	/	/	210 / 253
MALI	1 / 1	0 / 1	0 / 1	0 / 0	/	/	/	/	/	/	/	/	1 / 3
TOGO	35 / 46	20 / 29	18 / 46	12 / 21	/	/	/	/	/	/	/	/	85 / 142
NIGER	1 / 1	2 / 2	1 / 1	3 / 4	/	/	/	/	/	/	/	/	7 / 8
BURKINA FASO	1 / 1	1 / 2	0 / 0	2 / 2	/	/	/	/	/	/	/	/	4 / 5
COTE D'IVOIRE	1 / 2	3 / 6	0 / 4	1 / 3	1 / 1	/	/	/	/	/	/	/	6 / 16
BENIN	0 / 0	2 / 2	1 / 1	0 / 0	/	/	/	/	/	/	/	/	3 / 3
ETHIOPIA	0 / 0	1 / 1	0 / 0	2 / 2	/	/	/	/	/	/	/	/	3 / 3
UGANDA	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0
MAURITANIA	1 / 1	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	1 / 1
TOTAL*	628 / 1486	684 / 1370	604 / 1111	517 / 969	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2434 / 4937
% CONTAINED	42	50	54	53									49

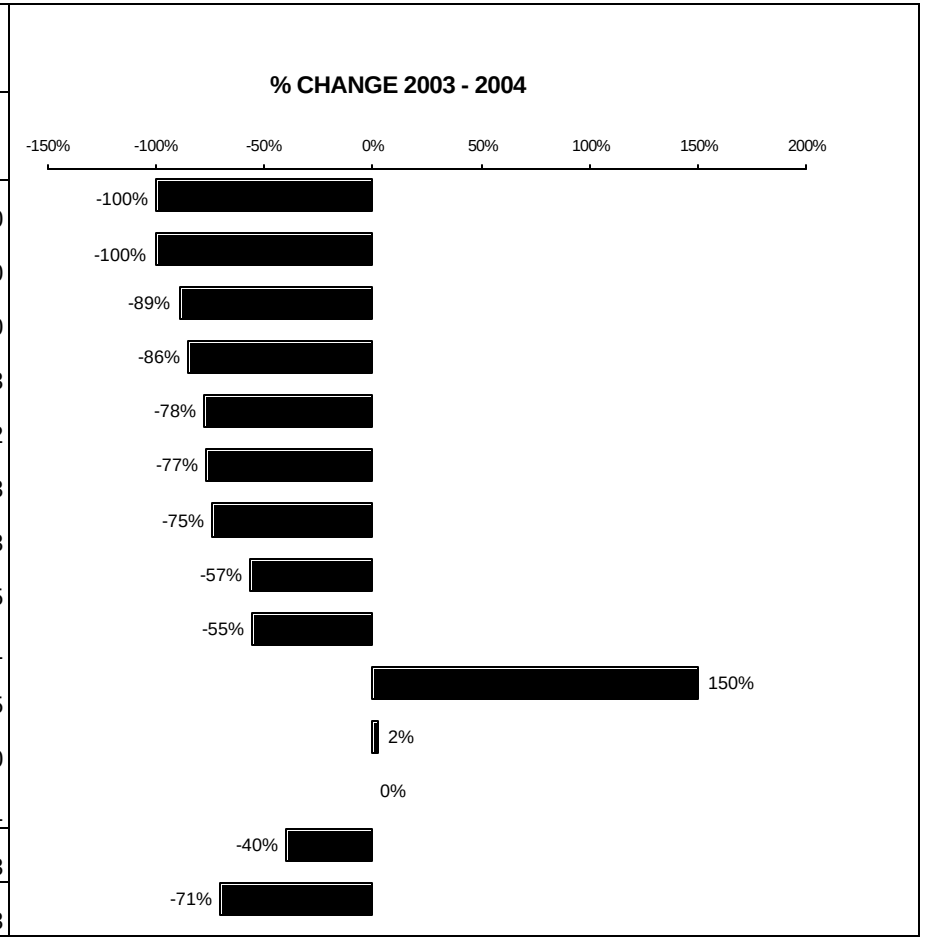
* PROVISIONAL

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

Figure 3

Number of Villages/Localities Reporting Cases of Dracunculiasis in 2003, Percentage of Endemic Villages Reporting in 2004*, Number of Indigenous Cases Reported During the Specified Period in 2003 and 2004*, and Percent Change in Cases Reported

Country	Villages		Indigenous Cases Reported	
	Reporting 1+ cases in 2003	% Reporting 2004	2003	2004
Ethiopia (4)	2	100%	6	0
Uganda (4)	1	100%	2	0
Sudan (3)	3407	29%	2743	300
Benin (4)	9	100%	21	3
Burkina Faso (4)	38	96%	9	2
Mali (4)	185	100%	13	3
Nigeria (4)	239	100%	999	253
Cote d'Ivoire (4)	12	100%	35	15
Togo (4)	71	100%	249	111
Niger (4)	61	100%	2	5
Ghana (4)	645	100%	4126	4220
Mauritaina (4)	9	100%	0	1
Total	4679	43%	8205	4913
Total- Sudan & Ghana	627	99%	1336	393



(4) Indicates month for which reports were received, e.g., Jan. - April 2004

* Provisional

Figure 4

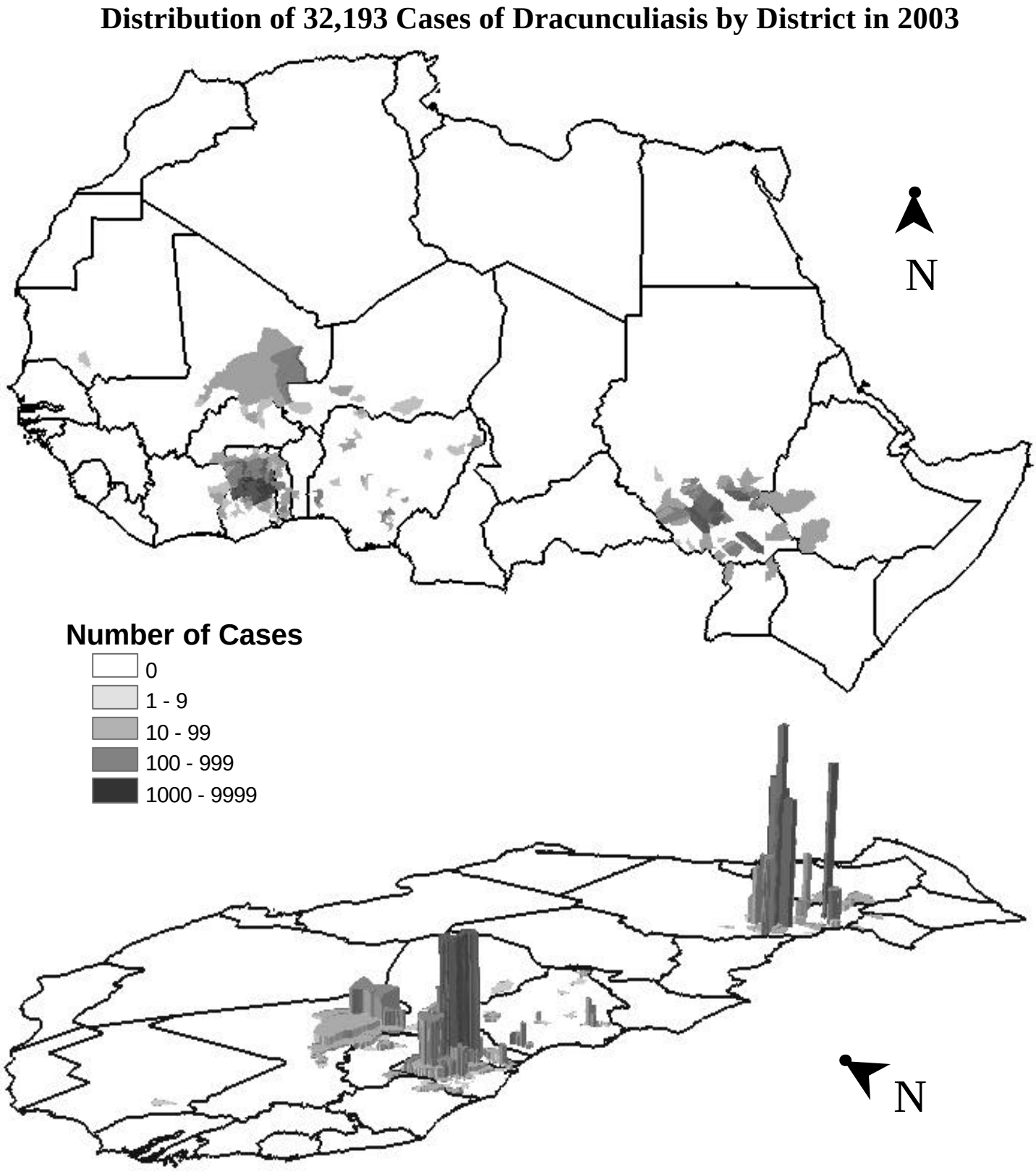
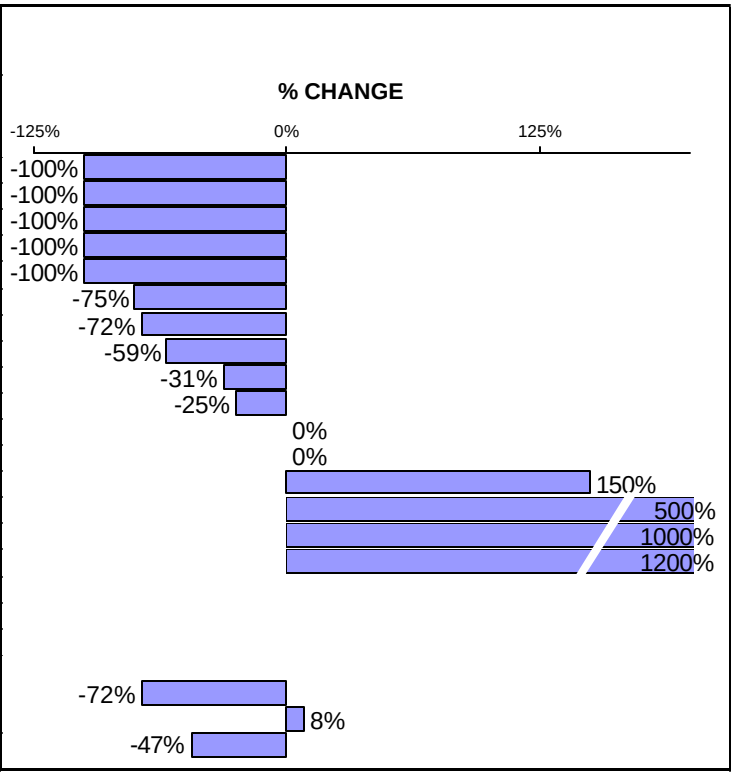

Distribution of 32,193 Cases of Dracunculiasis by District in 2003
N
Number of Cases
0
1 - 9
10 - 99
100 - 999
1000 - 9999
N

Figure 2

TOGO GUINEA WORM ERADICATION PROGRAM
Status of Endemic Districts in 2004
Number of Cases Reported During January - April 2003 and 2004*, Percent Change in Cases Reported, and Percent Change in Cases Reported Between Districts With Case Containment Centers in Jan-Apr

District	Cases Reported	
	January - April 2003	January - April 2004*
ZIO	16	0
YOTO (12)	11	0
AMOU	2	0
AGOU (12)	2	0
AVE (12)	1	0
OGOU (12)	60	15
HAHO (12)	96	27
KERAN	27	11
SOTOUBOUA	29	20
EST-MONO (12)	12	9
BLITTA	1	1
TONE	1	1
OTI	4	10
DANKPEN	1	6
DOUFELGOU	1	11
BASSAR	2	26
KPENDJAL	0	1
TANDJOARE	0	2
BINAH	0	2
Districts with CCC	182	51
Districts with out CCC	84	91
Total	266	142



* Provisional

(12) Number of months case containment center was operational in 2003

2003 and Districts With Out Case Containment Centers During the Same Period.

IN BRIEF:

Burkina Faso held its annual review meeting on 15-16 April 2004 at Dori. News of the review was covered in the national newspaper, national television, and on local radio stations. Worm Weeks were conducted in Gaoua and Kaya Districts in April. This year's Worm Weeks are targeting 16 of the top 20 endemic villages in five districts.

Cote d'Ivoire conducted Worm Weeks in the sub-prefectures of Tankesse, Koun-Fao, and Kouassi-Datekro in Tanda District, and Sandegue sub-prefecture of Bondoukou District during the week of March 11-17, 2004.

Ghana. The World Health Organization has provided two motorcycles and 30 bicycles for the program.

Ethiopia held its annual national program review in Addis Ababa on March 25. It has also reinstated its previous national program coordinator, Dr. Gezahegn Tesfaye. Welcome back Dr.Gezahegn!

Mali has reported its first ever month without any indigenous cases since the program began: April 2004! Congratulations, Mali! Mali also held an annual review of the Guinea Worm Eradication Program of Mopti

Region on April 20-22.

Nigeria conducted Mini Worm Weeks in 3 villages of Obi Local Government Area of Benue State in April. General (Dr.) Yakubu Gowon made advocacy visits to endemic communities in Borno, Gombe, and Yobe States on March 1-4, 2004. Nigeria and Cameroon held a cross border meeting on April 22 at Kolofata Health Center in Cameroon. As of April 2004, NIGEP reported having full coverage with cloth filters in all households of 99% of endemic villages, it used ABATE@ larvicide in 24%, and 73% of endemic villages had a least one functional source of safe drinking water.

Togo During the week of April 11-17, sixteen Peace Corps Volunteers participated in Togo's first Worm Week of 2004. It was held in the West Fazao area of Sotouboua District, which adjoins some of the highest endemic areas of Ghana. Volunteers were based in four villages, visited 940 households, provided health education to over 3,300 villagers, and distributed 851 cloth filters door-to-door. The National Program Coordinator, Mr. K. Ignace Amegbo, and Carter Center technical assistant Ms. Yu Fujita facilitated this Worm Week.

Uganda. Dr. J.B. Rwakimari has been assigned to direct Uganda's Malaria Control Program, as of May 1, 2004. Congratulations, Dr. Rwakimari, and THANK YOU for your stellar leadership of Uganda's GWEP for the past six years!!!! The new national program coordinator is Dr. Peter Langi. Welcome Dr. Langi!

MEETINGS

The schedule of Program Reviews for this fall is as follows:
Ghana: August 16-17 in Accra
Francophone countries: August 18-20 in Accra
Sudan: October 4-6 in Nairobi
Nigeria: October 11-12 in Jos

AWARD

Dr. Emmanuel Miri, Carter Center Country Representative in Nigeria, has been presented the Nobles International Award by *West Africa International* magazine for his "honesty, integrity, and accountability". The award was made last November. Congratulations Dr. Miri!!

FUNDING

The Carter Center received a pledge of $1 million dollars over two years from the Sultanate of Oman for support of the Guinea Worm Eradication Program. This contribution will be used to intensify program activities in the remaining endemic countries.

The Better World Fund, the United Nations Foundation's sister organization, recently pledged $325,550 to The Carter Center's Guinea worm disease eradication efforts. These funds will be used to enhance

technical assistance to the Ghana Guinea Worm Eradication Program, improve village-based surveillance, and provide training to village volunteers.

Johnson & Johnson has made an in-kind donation of medical supplies (bandages, gauze, scissors, antiseptic solution, and Tylenol®) to The Carter Center for use in the Dracunculiasis Eradication Program. The donated supplies will be assembled into 30,000 medical kits, which village volunteers and supervisors will carry in backpacks promoting the message "Stop Guinea Worm Now! Ask me how!" These much needed supplies will be used to provide treatment to Guinea worm patients in Ghana and Sudan, where needs are most pressing. In Sudan these kits will, supplement and help replace kits that have just been distributed from the Norwegian medical students Humanitarian Action Campaign of 2003.

In April 2004, the Trek Bicycle Corporation became a partner in the fight against Guinea worm disease with its pledge of 100 bicycles. This in-kind contribution to The Carter Center will enable volunteers to access safely Guinea worm-endemic villages in Nigeria.

RECENT PUBLICATIONS

World Health Organization, 2004. Dracunculiasis (guinea worm disease) eradication: certification of interruption of guinea-worm transmission. Wkly Epidemiol Rec. 79: 154- 155.

World Health Organization, 2004. Dracunculiasis eradication: global surveillance summary, 2003. Wkly Epidemiol Rec. 79: 181-189.

Table 2

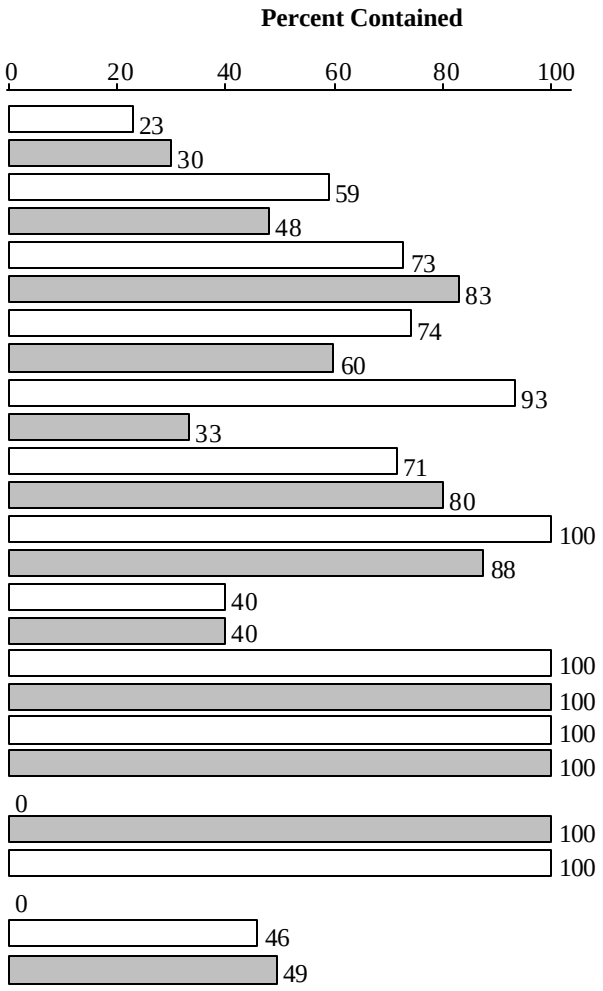
Percentage of Villages or Localities Under Surveillance in 2003 Reporting 9 + Months of that Year

Country	Number of Villages or Localities	% Reporting
Nigeria	594	100%
Togo	297	100%
Burkina Faso	173	100%
Niger	144	100%
Uganda	70	100%
Ethiopia	10	100%
Benin	35	91%
Cote d'Ivoire	32	88%
Ghana	1,289	82%
Mauritania	23	74%
Mali	270	70%
Sudan	5,109	41%
Total	8,046	58%

Figure 5

Dracunculiasis Eradication Program
Case Containment Rates During January - April 2003 and 2004

Country	January-April	Cases Reported	Cases Contained	Percent Contained
Sudan	2003	3968	910	23
	2004	280	84	30
Ghana	2003	4126	2431	59
	2004	4223	2030	48
Nigeria	2003	999	727	73
	2004	253	210	83
Togo	2003	266	197	74
	2004	142	85	60
Mali	2003	15	14	93
	2004	3	1	33
Burkina Faso	2003	14	10	71
	2004	5	4	80
Niger	2003	3	3	100
	2004	8	7	88
Cote d'Ivoire	2003	35	14	40
	2004	15	6	40
Benin	2003	23	23	100
	2004	3	3	100
Ethiopia	2003	10	10	100
	2004	3	3	100
Mauritania	2003	0	0	0
	2004	1	1	100
Uganda	2003	3	3	100
	2004	0	0	0
Total 2003		9462	4342	46
Total 2004		4936	2434	49



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.*