



DEPARTMENT OF HEALTH & HUMAN SERVICES

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Date July 31, 1990

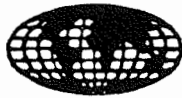
From



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

Subject GUINEA WORM WRAP-UP #28

To Addressees



## INTERNATIONAL ACTIVITIES

### FORMER PRESIDENT CARTER ADDRESSES OAU

At the invitation of OAU Secretary General Salim A. Salim, former U.S. President Jimmy Carter, the Chairman of Global 2000, addressed the 26th Assembly of Heads of State and Government of the Organization of African Unity in Addis Ababa, Ethiopia on July 10. In his address, President Carter reviewed the progress of the Guinea worm eradication initiative to date, and the growing alliance to that end. He stressed the urgent need for all endemic countries to conduct national searches to determine the full extent of the disease this year, and for the political leaders of endemic countries to support their national eradication programs. He also described other related activities of the Carter Center in health, agriculture, and food security, and deplored the pernicious effects of civil wars on the African continent.

The former U.S. President and Mrs. Carter hosted a luncheon the same day in order to discuss the Guinea worm eradication initiative more fully with political leaders of seven endemic Francophone countries. These included the foreign ministers of Burkina Faso, Cote d'Ivoire, Mauritania, Niger, and Togo; the minister of information from Benin; and the Malian ambassador to Egypt and the OAU; as well as Dr. G.L. Monekosso, the WHO Regional Director for Africa; Mr. Djibril Diallo, senior advisor to the executive director of UNICEF; and Dr. Donald Hopkins, Global 2000's senior consultant in charge of the dracunculiasis eradication initiative. Dr. Hopkins and Mr. Diallo met the previous day with the foreign minister of Mali to discuss the same subject. President and Mrs. Carter also held a reception the evening of July 10 that was attended by high-level representatives of the Economic Commission for Africa, the African Development Bank, UNICEF, the World Bank, and the United Nations Development Program.

ALL-AFRICA WATER WORKSHOP AND CONFERENCE ACKNOWLEDGES GUINEA WORM



World Bank

The All-Africa Water and Sanitation Workshop and Sector Conference, which met May 7-11, 1990 in Abidjan, Cote d'Ivoire under the sponsorship of the World Bank and the United Nations Development



UNDP

Program (UNDP), recognized the importance of Guinea worm eradication in endemic countries in the following two statements:

Conference Statement

"In the African countries where dracunculiasis (Guinea worm) is endemic, priority will be given to water supply and primary health interventions which can have the maximum impact on campaigns to eradicate the disease, in full support of the recommendations of the Third Regional Conference on Dracunculiasis in Africa, held in Yamoussoukro, Cote d'Ivoire, in March 1990."

Draft Strategy Document

"Dracunculiasis (Guinea worm) is a major cause of debilitating disease, which brings severe economic and social consequences to communities when it is endemic. The global campaign to eradicate Guinea worm merits universal support. In African countries where the disease is endemic, top priority has to be given to providing secure and safe supplies of drinking water to affected communities, which will in itself be enough to eliminate the disease."

Dr. Ernesto Ruiz-Tiben of the WHO Collaborating Center for Dracunculiasis at CDC and Mr. Alexander Rotival, UNDP/WHO Coordinator for the Water and Sanitation Decade, presented the case for Guinea worm eradication to delegates at the workshop, and distributed a summary of recommendations from the Third African Regional Conference on Dracunculiasis Eradication. Dr. Dennis Long of AID indicated important support for the effort to secure recognition by this meeting of the relevance of rural water supply projects to the Guinea worm eradication initiative in a letter to Mr. Rotival just before the conference.

FOUR COUNTRIES CITE GUINEA WORM AT WORLD HEALTH ASSEMBLY

During the Plenary Discussions at the Forty-third World Health Assembly in Geneva in May 1990, chief delegates from India, Mali, Nigeria, and Uganda referred to their efforts in combatting dracunculiasis in their countries. This is the first time that many countries have mentioned the Guinea worm initiative in that setting when a specific resolution was not up for discussion. It reflects the countries' increasing determination to realize the national goals of eradicating Guinea worm in Pakistan and India by 1990 and 1991, respectively, and the AFRO/WHO resolution of 1988 which calls for eradication of the disease in the African region by 1995.



WHO

XIII INTERAGENCY COORDINATION MEETING

The XIII Interagency Coordination Group Meeting, a quarterly gathering of representatives of agencies working to eradicate dracunculiasis, met at the headquarters of the U.S. Peace Corps in Washington, D.C. on July 17, under the chairmanship of Mr. Jaime Henriquez. For the first time, four United Nations agencies (WHO, World Bank, UNDP, UNICEF) were represented, in addition to representatives from the Centers for Disease Control, Global 2000, USAID, Water and Sanitation for Health (WASH), Vector Biology and Control (VBC), and Peace Corps. Participants reviewed the status of eradication efforts in endemic countries, particularly of national searches; discussed the important role of the rural water supply and sanitation sector during the 1990s in the control of dracunculiasis; agreed on specific actions to promote Guinea worm eradication campaign through publications and presentations at important fora; discussed former President Carter's presentations on the needs of the eradication campaign to African heads of state attending the recent meeting of the Organization of African Unity; and deliberated on improved ways of sharing information and coordinating actions related to the eradication campaign. The Interagency Coordination Group will convene again next October.

**NATIONAL ACTIVITIES**BENIN

USAID and UNICEF have collaborated on a water and sanitation project in the northern part of the Zou province. One of the objectives of this project is to reduce the incidence of Guinea worm by at least 30%. In July 1989, this project financed the elaboration of the national program for the elimination of Guinea worm. The national program was presented by the Minister of Health at the Lagos conference in September 1989. A provisional committee was formed and a national coordinator, Mr. Julien Dossou-Yoyo, a hydraulic engineer, was appointed. The first national search began in February in the Zou province with the on-going water and sanitation project.

Epidemiologic surveillance in the form of bi-annual surveys was initiated in northern Zou. Combined action of wells installation, social mobilization, community participation, and health education has helped to bring down the overall Guinea worm incidence from 3.21% in 1988 to 1.27% in 1990. Activities included Guinea worm health campaigns with illustrated flipcharts, demonstration on the use of locally made filters, distribution of filters, songs, and use of cartoons.

These activities are conducted by Beninese personnel of interdisciplinary backgrounds, with technical assistance provided by Pragma/MCDI under contract with USAID, Peace Corps volunteers, and UNICEF. As the national program to eliminate Guinea worm is beginning to be implemented, more assistance is needed to help establish effective surveillance and education programs throughout the country.

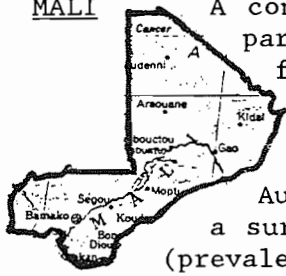
COTE D'IVOIRE

Preliminary results of the first part of the national case search, which was conducted in the rural health sector of Bondoukou early in 1990, were presented at the Third African Regional Conference on Dracunculiasis at Yamoussoukro in March. Operations since then have been hindered by the rainy season. The second phase of the national search is expected to start in August in the rural health sector of Seguela. Seven other rural health sectors will follow (Bouaffle, Bouna, Bouake, Dabakala, Dimbokro, Korhogo, Abengourou), reflecting presumed priorities for searches, based on passive surveillance data.



MALI

A consultant for UNICEF has completed a report regarding preparations for the first national village-by-village search for cases of dracunculiasis, which is scheduled to start in October 1990. The search will mainly determine the location and incidence of dracunculiasis that will have occurred in the country during the rainy season (June-August) of 1990. In the Doentza District of Mopti Region, a survey conducted in September-October 1989 found 1,111 cases (prevalence) in 68 endemic villages. Only 2 cases had been reported from that area for the same period.



The estimated annual economic losses in agriculture during the 1989 farming season due to Guinea worm in the study area (90 of the 258 rural villages in Doentza District) amounted to 38,653 lost work days, at a value of 29 million CFA, or US \$104,000. Per capita annual income in Mali is about US \$210.

PAKISTAN BEGINS SURVEILLANCE CONTAINMENT STRATEGY

With 1990 as the target year for ending transmission, the Pakistan National Guinea Worm Eradication Program began a new surveillance containment strategy early this year. This initiative follows a three-part survey and assessment of the status of the program as of the end of 1989. The survey included a household survey to measure the effectiveness of village implementors and sector supervisors in endemic areas (especially as manifested by use of filters in affected communities); a survey of non-infected communities adjacent to known infected areas to check the effectiveness of the active surveillance system; and an assessment of Abate use during 1989. Review of these data revealed clear priority areas for intensive intervention and monitoring this year.

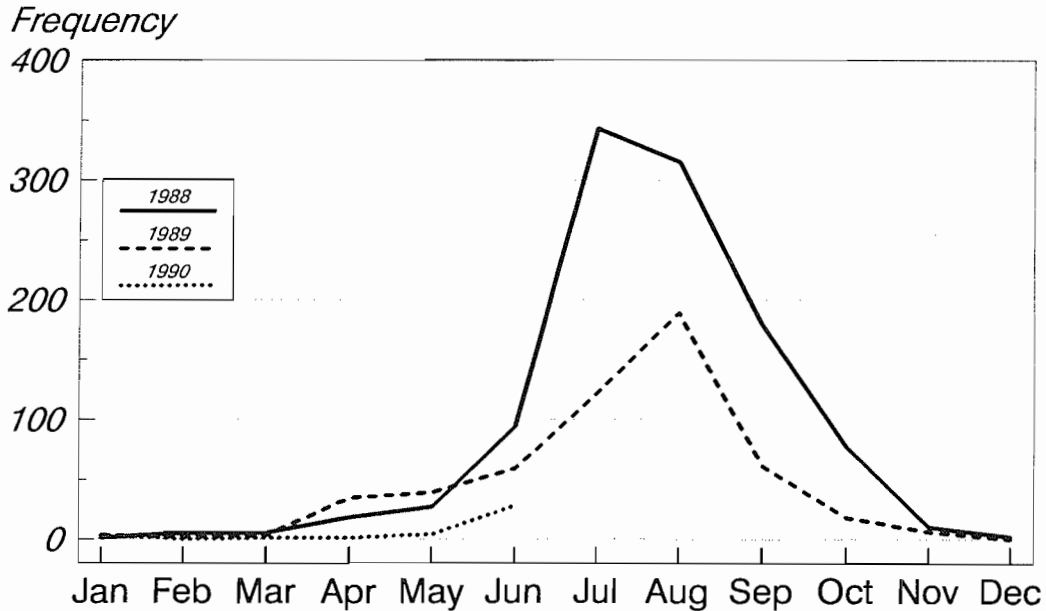


The goal of the surveillance containment strategy is to detect each new case occurring this year as quickly as possible, take a history of travel to determine whether the case was infected somewhere else or may have contaminated water sources elsewhere, and immediately institute effective control measures (health education, household cloth filters, Abate) so that no further transmission can occur. Quantitative target performance standards were developed to facilitate monitoring the implementation of the new strategy.

As of June 30, 1990, a cumulative total of only 37 cases in 22 villages (including 3 new villages) were detected in all of Pakistan, compared to 140 cases in 56 villages during the same period in 1989 (see Figure). The Pakistan eradication program is assisted by Global 2000, with extensive consultation provided by the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis at the Centers for Disease Control.

## *Guinea Worm Eradication Program, Pakistan*

### *Cases by month, 1988 - 1990*



### CAMEROON IMPLEMENTS NEW ACTION PLAN



As a result of discussions with Cameroonian representatives during the Third African Regional Conference on Dracunculiasis in Yamoussoukro, an action plan was elaborated by the Government of Cameroon in collaboration with UNICEF, USAID, Tulane University, U.S. Peace Corps, Global 2000, and the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis at the Centers for Disease Control. The plan aims to achieve a status of zero cases by 1992, using village agents and complementary primary health care system personnel to carry out active case detection, case containment, health education to promote community participation and filtration of unsafe drinking water, and control of the intermediate copepod hosts with Abate (temephos). The Vector Biology Control Project, funded by USAID, supported a consultant from Tulane University, Dr. George Greer, who will help with this initiative for the first two months.

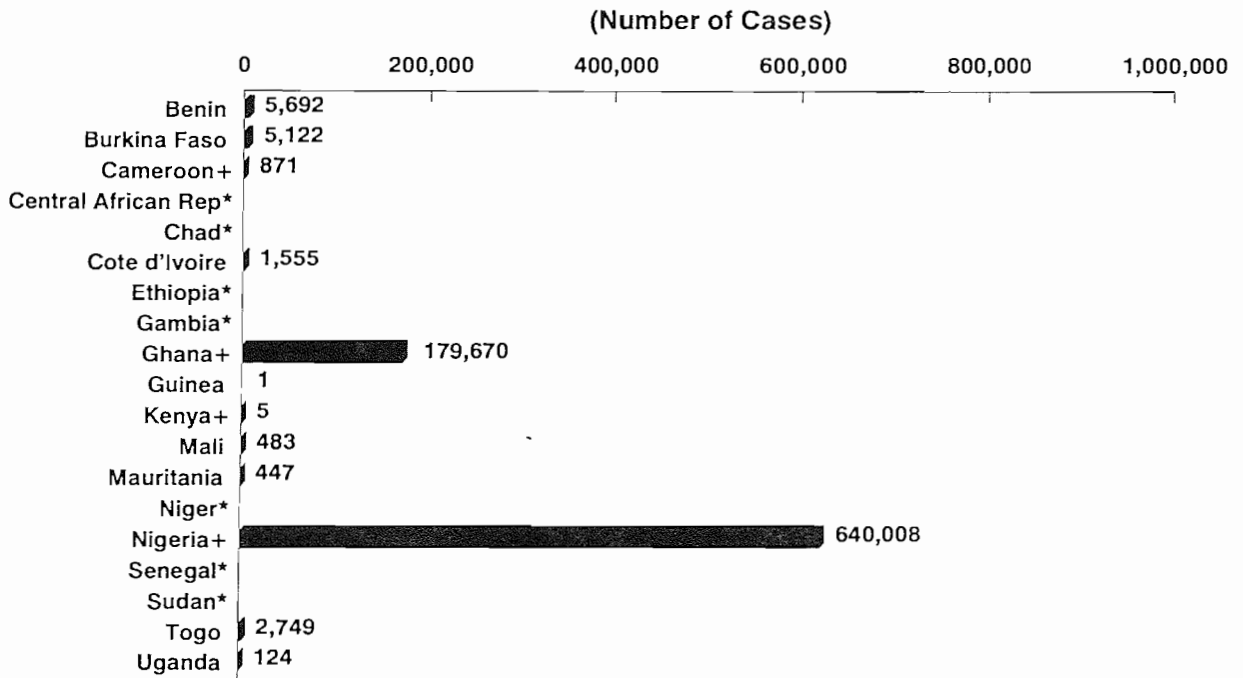
To kick off this intensified stage of the national eradication program, the Government of Cameroon celebrated the first National Guinea Worm Day on June 4 at Mora, in the Extreme North Province, the endemic area of the country. The ceremony was chaired by the governor of the province, and was attended by representatives of the Ministry of Health, USAID, UNICEF, WHO, Peace Corps, Pasteur Institute, OCEAC, Global 2000, CARE, and others.

TOGO ESTABLISHES NATIONAL COMMITTEE

In April, the Ministry of Public Health of Togo established an inter-ministerial committee to help coordinate the increasingly complex activities by many agencies in the country to eradicate dracunculiasis. The National Committee for the Eradication of Guinea Worm includes the Minister of Public Health; the Minister of Equipment, Postal and Telecommunications; the Minister of Social Affairs and the Feminine Condition; and the Minister of Rural Development.



**Number of Dracunculiasis Cases in Africa Reported to the World Health Organization in 1989#**



# From passive reporting and/or area-limited searches unless otherwise indicated  
 + National survey  
 \* No data available



**RECENT PUBLICATIONS**

Asuzu MC, 1990. Nigeria: self reliance in the village. World Health, March:14-15.

Braide EI, Egbe EI, Okoro JI, Inyang A, 1989. Prevalence and geographical distribution of dracunculiasis (Guinea worm disease) in Cross River State, Nigeria. Trop Geogr Med, 41:289-293.

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Garate T, Kliks MM, Cabrena Z, Parkhouse RM, 1990. Specific and cross-reacting antibodies in human responses to Onchocerca volvulus and Dracunculus medinenses infections. Am J Trop Med Hyg, 42:140-147.

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Jennings L, Wall D, 1990. Peace Corps Guinea worm eradication program start-up workshop. WASH Field Report No. 296, March. 75pp.

Kalsiru A, 1988. Guinea worm infection: a case study of Kiri-manai village in Gwadabawa Local Government Area of Sokoto State, Nigeria. Dept. of Biological Sciences, Univ. of Sokoto, Nigeria.

Two adult males of the 219 patients infected with Guinea worm in this village in one recent year suffered permanent disablement, involving the knee and ankle, respectively.

Kloos H, 1990. Health aspects of resettlement in Ethiopia. Soc Sci Med, 30:643-656.

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Ofoezie IE, Adeniyi IF, 1990. The prevalance and endemicity of dracunculiasis in Akowide village, Oyo State, Nigeria. Ann Trop Med Parasitol, 84:163-169.

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CURRENT STATUS OF ACTIVE SEARCHES (July 31, 1990)

Benin Started. 7,172 cases found in Zou Province; search currently underway in 3 southern provinces, to be completed by end of 1990.

Burkina Faso UNICEF just approved \$96,000 funding. Search scheduled to begin this September or October.

Cameroon 1989 SEARCH COMPLETED. 1990 active surveillance underway.

C.A.R. Pending. Assessment of dracunculiasis situation is needed.

Chad In June 1990, UNICEF consultant assisted the Ministry of Health with preparation of a plan for a national search.

Cote d'Ivoire UNICEF-funded search in rural health sector of Bondoukou completed in February. Search of other rural health sectors currently underway.

Ethiopia UNICEF has approved \$52,000 for search.

Ghana 1989 NATIONAL SEARCH COMPLETED.

India 1989 SEARCHES COMPLETED.

Kenya Search underway.

Mali Plan for national search developed in July. Search is scheduled to be conducted this fall.

Mauritania Plan for national search developed. Search scheduled to be conducted this fall.

Niger Proposal for funding of national search prepared. Needs to be submitted to UNICEF.

Nigeria 1989 NATIONAL SEARCH COMPLETED.

Pakistan 1989 ASSESSMENT COMPLETED. Village-based active surveillance and containment of cases underway.

Senegal A consultation is planned during 1990 to develop a plan for the assessment of dracunculiasis.

Sudan The government is committed to conduct a search. Global 2000 and UNICEF will assist with consultation.

Togo Search scheduled for late this year.

Uganda Awaiting Global 2000 consultant this year.