



Memorandum

Date May 7, 1996



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

Subject GUINEA WORM WRAP-UP #56

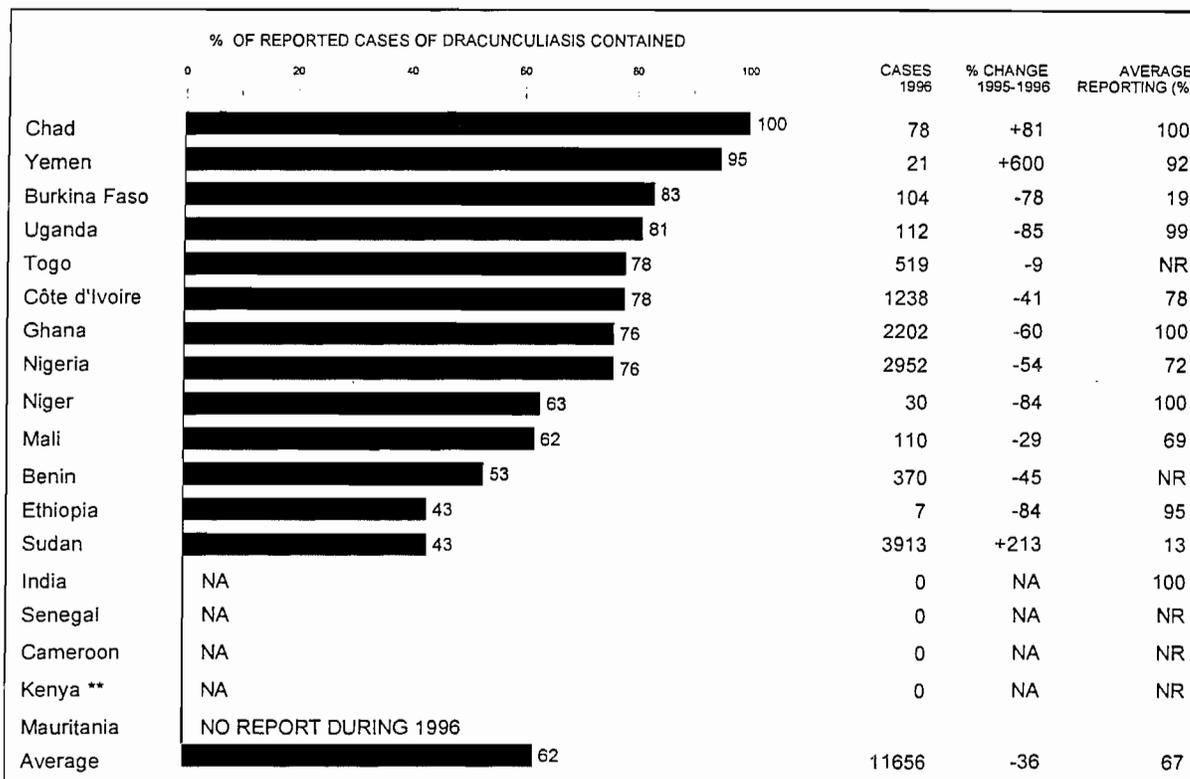
To Addressees

Detect Every Case, Contain Every Worm!

STATUS OF PROGRAMS IN FIRST QUARTER OF 1996

Figure 1

PERCENTAGE BY COUNTRY OF CASES REPORTED, REDUCTION IN CASES COMPARED TO SAME PERIOD IN 1995, AND ENDEMIC VILLAGES REPORTING: JANUARY - MARCH 1996*



* Provisional reports

** Data reported for January and February 1996 only.

NA Not applicable; NR Not reported

Table 1

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

COUNTRY	# OF ENDEMIC VILLAGES: 1/1/96	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	370 / 1481	239 / 874	1056 / 1558	/	/	/	/	/	/	/	/	/	/	/	1665 / 3913
NIGERIA	1846	16374	778 / 1264	926 / 1023	552 / 665	/	/	/	/	/	/	/	/	/	/	/	2256 / 2952
NIGER	750	13821	17 / 25	2 / 5	0 / 0	/	/	/	/	/	/	/	/	/	/	/	19 / 30
GHANA	1057	8894	467 / 611	657 / 863	538 / 728	/	/	/	/	/	/	/	/	/	/	/	1662 / 2202
BURKINA FASO	516	6281	24 / 27	35 / 46	27 / 31	/	/	/	/	/	/	/	/	/	/	/	86 / 104
UGANDA	810	4810	41 / 48	22 / 24	28 / 40	/	/	/	/	/	/	/	/	/	/	/	91 / 112
MALI	534	4218	49 / 76	5 / 15	12 / 19	/	/	/	/	/	/	/	/	/	/	/	66 / 110
COTE D'IVOIRE	252	3801	241 / 369	303 / 598	146 / 271	/	/	/	/	/	/	/	/	/	/	/	690 / 1238
TOGO	302	2073	200 / 227	168 / 194	38 / 98	/	/	/	/	/	/	/	/	/	/	/	406 / 519
BENIN	491	2273	133 / 256	47 / 90	/ 24	/	/	/	/	/	/	/	/	/	/	/	180 / 370
MAURITANIA	255	1762	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
ETHIOPIA	77	514	0 / 1	1 / 4	2 / 2	/	/	/	/	/	/	/	/	/	/	/	3 / 7
CHAD	39	149	22 / 22	34 / 34	22 / 22	/	/	/	/	/	/	/	/	/	/	/	78 / 78
YEMEN	21	82	0 / 1	7 / 8	12 / 12	8 / 8	/	/	/	/	/	/	/	/	/	/	27 / 29
SENEGAL	15	76	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	/	0 / 0
INDIA	24	60	0 / 0	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	/	/	/	/	/	/	/	/	/	/	/	0 / 0
TOTAL*	8925	129834	2382 / 4408	2446 / 3778	2433 / 3470	8 / 8	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	7229 / 11664

* Provisional

NIGER REPORTS ZERO CASES FOR MARCH 1996!

With 100% of endemic villages reporting, Niger reported no cases of dracunculiasis for March 1996, as compared to 69 cases in March 1995 (Figure 2). Although March is not the peak transmission season, it is still a significant accomplishment that the third most highly endemic country achieved zero cases in any month. This is an important first for the eradication campaign.

WHO SECURES GRANT FOR MAURITANIA

The Dracunculiasis Eradication Unit, DCTD, WHO, successfully lobbied the Spanish Agency for International Cooperation for a donation of 27 million pesetas (approximately US\$212,000). This grant, approved by the Government of Spain on April 22, 1996, is to assist the ministry of health of the Government of Mauritania during 1996 and 1997 with its efforts to eradicate Guinea worm disease by strengthening surveillance, case containment, and supervision.

MALI EVALUATION COMPLETED

Preliminary results of visits to 168 villages in Mopti, Kayes, and Gao Regions of Mali by evaluation teams found that over 87% of endemic villages visited in each of the regions had a trained village-based health worker; 87%, 69%, and 53% of households were using cloth filters in their respective regions; 80%, 43%, and 58% of households had had at least one health education session about dracunculiasis prevention; and over 93% of all endemic villages visited had been visited by a supervisor. The proportion of cases contained in the three regions was 83%, 76%, and 26%, respectively. Over 81% of villages in all three regions reported cases monthly, but a "false negative" rate of 21% was observed in the villages of Kayes Region. The evaluation was led by the OCCGE.

CERTIFICATION OF DRACUNCULIASIS ERADICATION

In order to improve global surveillance of dracunculiasis during the final stage of the campaign, the International Commission for the Certification of Dracunculiasis Eradication has requested that details (especially the patient's name, age, sex, and village/region/country of origin) of any case of dracunculiasis diagnosed in countries outside of the remaining endemic area, such as in Europe and North America, be reported promptly to the nearest WHO representative or to the Dracunculiasis Eradication Unit at WHO headquarters in Geneva.

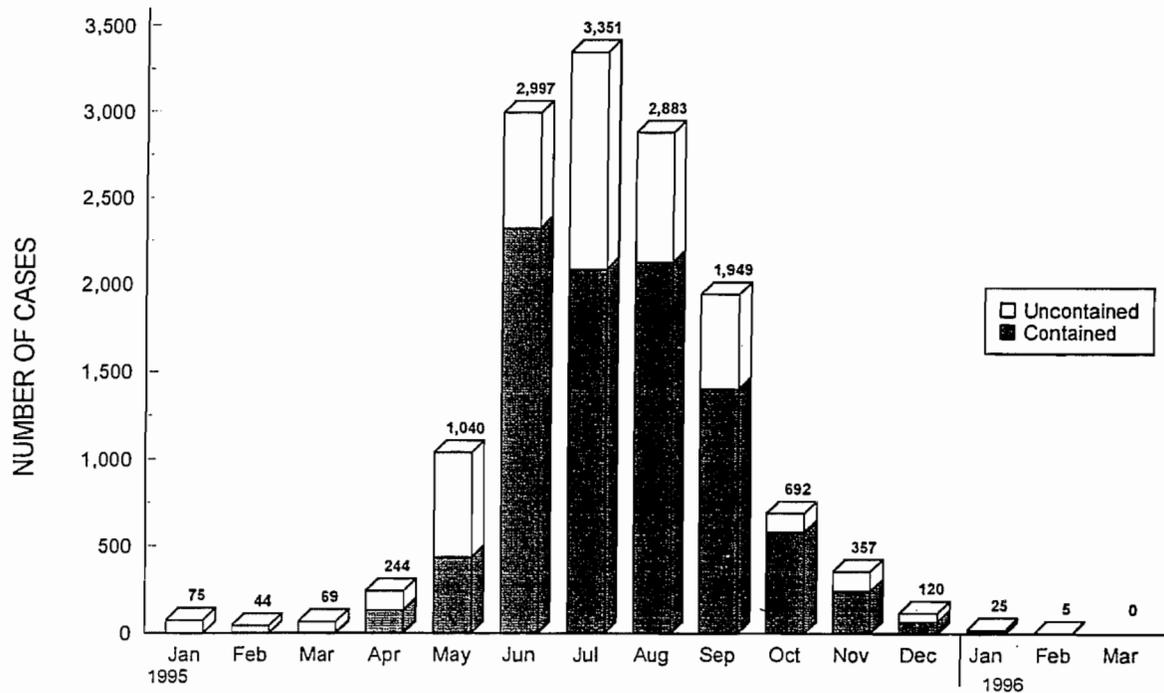
IN BRIEF:

Cameroon has appointed a new National Program Coordinator, Dr. Ncharre Souiaïbou.

Uganda has cross-notified, through WHO, one case of dracunculiasis imported into Arua District from Sudan in March: a 20-year old man from a village in Rumbeck County.

Figure 2

**NIGER GUINEA WORM ERADICATION PROGRAM
NUMBER OF CASES OF DRACUNCULIASIS REPORTED AND CONTAINED:
JANUARY 1995 - MARCH 1996**



RECENT PUBLICATIONS



Tayeh A, Cairncross S, 1995. The reliability of retrospective studies using a one-year recall period to measure dracunculiasis prevalence in Ghana. *Int'l J Epidemiol*, 24:1233-1239.

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.