DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

Date October 15, 1988

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

Subject GUINEAWORM WRAP-UP #21

To Addressees

NATIONAL ACTIVITIES

NIGERIA: ACTIVE SEARCHES FOR CASES BEGIN

On August 22, Cross River State in southeastern Nigeria became the first of the country's 21 states to conduct an active search to determine more completely the numbers of cases and the true extent of dracunculiasis. The searchers sought to visit each village in the state (which reported a total of 1,908 cases of guineaworm in 1987), within ten days. The Active Search found 9,956 cases that had occurred in the state during the 1987-88 transmission season (between July 1, 1987 and June 30, 1988), in 70 villages. This is the first such complete enumeration of guineaworm cases conducted in an entire administrative region or state in Africa. Five other states plan to conduct statewide active searches before the National Task Force meets again in early October (Anambra, Bauchi, Niger, Ondo, Kwara). By the time Nigeria's Second National Conference on Dracunculiasis meets in March 1989, all states and the Federal Capital Territory expect to have completed similar searches.

At the end of June, the National Council on Health declared dracunculiasis to be an officially reportable disease in Nigeria, endorsed the strategy for an eradication program recommended by the National Task Force for Guinea Worm Eradication, and established the target date for elimination of the disease in Nigeria: 1995. By the time of the National Council's meeting, eight states had established state task forces for guineaworm eradication, ten states had allocated a total of 9.6 million naira (about US $2.5 million) for guineaworm eradication activities in 1988, and the Federal Ministry of Health had budgeted 600,000 naira for guineaworm activities in 1988 and 1 million naira per year for each year of the next Five-Year Development Plan (1989-1993). One Zonal Coordinator has been appointed for each of the country's four primary health care zones.

The National Secretariat for the Nigerian Guinea Worm Eradication Program began its activities in the Federal Ministry of Health on about July 1,

with the arrival of the resident advisor provided by Global 2000 and the Bank of Credit and Commerce International (Mr. Craig Withers, formerly of CDC), and the appointment of Professor Luke Edungbola, on sabbatical from the University of Ilorin, as consultant to the eradication program. Professor Oladele Kale joined the Secretariat full-time as senior consultant while on sabbatical from the University of Ibadan, on October 1. The Secretariat is jointly sponsored by the Federal Ministry of Health, Global 2000, and the Bank of Credit and Commerce International. The Ministry has appointed Dr. L.K. Sadiq as the National Program Coordinator.

In September, an initial socioeconomic survey was conducted in Plateau State as part of a new UNDP-assisted rural water supply and sanitation project. This is part of a major World Bank-executed water and sanitation program in Bauchi, Benue, Borno, and Plateau States, and the Federal Capital Territory. The project will start with community mobilization, emphasizing action against guineaworm in endemic areas.

INDIA

The Report of the Third Independent Appraisal was recently published by the National Institute of Communicable Diseases. It shows that, by the end of 1987, the number of cases of dracunculiasis in India had been reduced yet further to 17,031 (from 23,070 in 1986), and the number of affected villages to 5,634 (from 7,102 in 1986). In August, the Swedish International Development Agency announced a grant of several million Swedish kronas to UNICEF/India, to be used, according to the Hindustan Times, "for extending the integrated sanitation, guineaworm control, and community health project" in Udaipur District of Rajasthan. Udaipur District has 780 villages where guineaworm is endemic. The UNICEF regional director for South Central Asia observed that they were "using the public health problem of guineaworm as an entry point to accelerate the water and sanitation program and for health education and building awareness of the need for better sanitation." This is a welcome extension of the integrated guineaworm eradication project being conducted by the Rajasthan state government and UNICEF in Banswara and Dungapur Districts. Under the latter project, which is scheduled for 1988-1990, 2,400 wells with hand pumps will be dug in Dungapur District (which has 563 endemic villages) and 1,600 hand pumps in Banswara District (which has about 353 endemic villages). Among them, these three important districts accounted for 68% of all the cases of guineaworm in Rajasthan in 1987 (5,375 of 7,896 cases) and 32% of all the cases in India that year. Rajasthan is the most severely affected state in India, and the three districts covered by this project are among the four most highly endemic districts in Rajasthan.

UNICEF

GHANA

The office of the Head of State has appointed an Operational Assistant to the guineaworm eradication program, Bombadier Mathias Cudjoe, and the Ministry of Health has appointed Dr. Sam Bugri as the National Coordinator

for the increasingly visible program. Both will work with the project director provided by Global 2000 and the Bank of Credit and Commerce International, Mr. David Newberry.

Meanwhile, this national program continues to attract more international support. The U.S. Peace Corps assigned a volunteer to the program full time, beginning in September. The Inter-Church Coordination Committee for Development of the Netherlands donated a bore-hole drilling rig, through the Adventist Development Relief Agency, to help provide safe drinking water for affected villages in the West Mamprusi District of the Northern Region. The Seventh Day Adventists Church donated a new vehicle to the Government of Ghana for use as a national response team vehicle in the guineaworm program. The American Cynanamid Company recently donated 2,500 liters of Abate through Global 2000 to help implement the Plan of Action for the Northern Region. And according to the August 22, 1988 issue of West Africa magazine, "Negotiations are far advanced between the governments of Ghana and Australia, as well as other funding agencies, for a $20 million dollar loan to provide potable water to the Northern Region, particularly in guineaworm infested areas."

The guineaworm eradication training materials being developed for peripheral health workers by the Centers for Disease Control and Global 2000 were field-tested in Ghana in September, with additional support provided by the United Nations Development Program (UNDP) and the Government of Ghana.

BENIN

The first national workshop on dracunculiasis is scheduled to be held December 13-15, 1988.

BAND AID ASSISTS BURKINA

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The Band Aid Foundation of London has announced a grant of $120,000 over a three-year period to the Government of Burkina Faso to support a guineaworm eradication pilot project in two of the country's 33 provinces, all of which are affected by the disease.

INTERNATIONAL ACTIVITIES

WHO SUPPORT FOR COLLABORATING CENTER

The World Health Organization recently concluded a technical services agreement with the WHO Collaborating Center for Research, Training, and Control of Dracunculiasis at the Centers for Disease Control. Under this agreement, WHO has provided a grant of $5,000 for one year.

EMRO REGIONAL MEETING PROPOSED

WHO's Eastern Mediterranean Regional Office has accepted an invitation extended by the Ministry of Health of Pakistan to convene the first meeting of guineaworm endemic states (Pakistan, Sudan, Yemen, Saudi Arabia, and possibly Somalia) in this region in Islamabad next February. Details in the next issue.

NETHERLANDS TO ASSIST WHO

The Government of the Netherlands has offered to support an Associate Professional Officer position through the Divisions of Vector Biology and Control and Parasitic Diseases, WHO. This two-year assignee will probably work out of the Regional Office for Africa's subregional office at Bamako, Mali, and help provide technical support to the endemic countries in that area of the continent.

TRAINING MATERIALS AVAILABLE

National Level

- Adding Guinea Worm Control Components: Guidelines for Water and Sanitation Projects. WASH Technical Report, No. 51, May 1988, 77pp. Prepared by Agma Prins and May Yacoob, this monograph provides guidelines for adding a guineaworm component to existing large-scale national water and sanitation projects. These guidelines are intended for use by project officers of private voluntary organizations, other donors, and national agencies in endemic countries for developing a guineaworm add-on component to their water and sanitation projects. Available in English and in French. WASH Project, 1611 N. Kent Street, Room 1002, Arlington, VA 22209-2111, USA.

- Cost-Effective Approaches to the Control of Dracunculiasis. WASH Technical Report No. 38, September 1986, 53pp. This monograph, prepared by John Paul, describes a model developed to help compare the costs and benefits of different interventions (water supply, health education, vector control) against dracunculiasis. Available in English. WASH Project, 1611 N. Kent Street, Room 1002, Arlington, VA 22209-2111, USA.

- Guinea Worm Eradication: Planning and Surveillance Guidelines. These guidelines for surveillance and for developing national plans of action for dracunculiasis eradication programs are being prepared by the WHO Collaborating Center for Research, Training, and Control of Dracunculiasis at the Centers for Disease Control, in collaboration with Global 2000, Inc. at the Carter Presidential Center in Atlanta. They are intended to assist national and mid-level authorities in preparing to mount national or regional programs. Available in English (draft)

after October 1, 1988. Dr. Ernesto Ruiz-Tiben, Division of Parasitic Diseases, CID, Centers for Disease Control, Atlanta, Georgia 30333, USA.

- WHO Slide Set Series: The Guinea Worm. This set of 61 color slides was prepared by WHO and may be purchased for US $60.00. Division of Vector Biology and Control, WHO, CH-1211, Geneva 27, Switzerland.

- TALC Slide Set: Dracunculiasis (Guinea Worm). This teaching slide set is available from Teaching Aids at Low Cost (TALC), Foundation for Teaching Aids at Low Cost, Institute of Child Health, 30 Guilford Street, London WCIN IEH, England.

Peripheral Level

- Workshop on Guinea Worm Control at the Community Level: A Training Guide. WASH Technical Report, No. 50, January 1988, 83pp. This training guide was prepared by William R. Brieger and Fred Rosensweig to help trainers conduct a 2-1/2-day workshop for participants to improve their skills in planning and carrying out guineaworm control projects. It is concerned mainly with improvement of water supply as the preferred intervention. The workshop is intended for persons who work in rural community settings and who have responsibility for controlling guineaworm (e.g., health assistants, nurses, health inspectors, and other district-level (not village-level) health workers. Available in English and in French, WASH Project, 1611 N. Kent Street, Room 1002, Arlington, VA 22209-2111, USA.

- Teaching about Guinea Worm Prevention: A Manual for Secondary School Teachers. WASH Field Report, No. 223, February 1988, 93pp. Prepared by Jason Smith and May Yacoob, this manual provides sample lesson plans, resource materials, and an outline for a training workshop for teachers who will use the guide. Available in English and in French. WASH Project, 1611 N. Kent Street, Room 1002, Arlington, VA 22209-2111, USA.

- Guinea Worm Eradication: Course for Peripheral Health Workers. These materials are being prepared by the WHO Collaborating Center for Research, Training, and Control of Dracunculiasis at the Centers for Disease Control, in collaboration with Global 2000, Inc. This five-day course is intended for "level B" district-level health workers in Ghana (Medical Field Unit technical officers) but should also be useful in other endemic countries. Materials will include a trainer's guide, participant packet, and course director's guide. The participant packet will contain course handouts, health education materials, and job aids, such as charts for keeping records. Topics will include surveillance, community assessment, promoting community action, promoting individual and family action, vector control, and clinical treatment.

Will be available in English about December 1, 1988. Dr. Donald Hopkins, Global 2000, Inc., The Carter Center, One Copenhill, Atlanta, Georgia 30307, USA.

TWO NEW VIDEOS AVAILABLE

1. "Guinea Worm: The Fiery Serpent," a 20-minute videotape (VHS-NTSC), color, sound, in English; produced by the Centers for Disease Control, in cooperation with UNICEF, UNDP, and Global 2000, Inc.

2. "The Water of Ayole," a 28-minute videotape (VHS-NTSC), color, sound, in English; produced by UNDP and USAID; includes some footage about guineaworm in relation to a rural water supply project in Togo.

Each video costs US $15.00. Checks/money orders must be in US dollars. For further details, contact: UNDP, Division of Information, One United Nations Plaza, Room DC1-1904, New York, NY 10017, USA. Telephone: (212) 906-5318. Both are expected to be available in French at a later date.

MEETINGS/CONFERENCES

Readers are reminded that the Executive Board of WHO will consider a budget and proposed activities for guineaworm at its next meeting in Geneva, January 9-20, 1989. The World Health Assembly will consider the same subject again in May 1989.

The 15th WEDC Conference (Water, Engineering, and Development in Africa) will convene at Kano, Nigeria, April 3-7, 1989. For more details, contact: Mrs. Rowena Steele, WEDC, Loughborough University of Technology, Leicestershire, LE11 3TU, England. Telephone: 044 509 222391; TELEX 34319 UNITECG.

RECENT PUBLICATIONS

Annonymous, 1988. Fighting guinea worm. West Africa, June 27, p. 1160.

Bollet AJ, 1984. Medical history in the Bible, Part V. Medical Times, 112(10):66-71.

Cairncross S, Tayel A, 1988. Guinea worm and water supply in Kordofan, Sudan. J Inst Water Env Mgmt, 2(3):268-274.

Chippaux JP, 1988. Le fil de l'eau. Tribune Medicale, January 23, pp. 23-??.

Division of Helminthology, 1988. Report of Third Independent Appraisal (February 29-March 7). Delhi: National Institute of Communicable Diseases.

Eberhard ML, Ruiz-Tiben E, Wallace S, 1988. Dracunculus insignis: Experimental infection in the ferret Mustela putorius furo. J Helminth, 62 (in press).

Edungbola LD, Watts JJ, Kale OO, 1988. The distribution of dracunculiasis in Nigeria: A preliminary study. Intl J Epid, 17(2):428-433.

Ekeh HE, Adeniyi JD, 1988. Health education strategies for tropical disease control in school children. J Trop Med Hyg, 91(2):55-59. (A study of health education in the control of malaria, schistosomiasis, dracunculiasis, and onchocerciasis).

Henderson PL, Fontaine RE, Kyeyune G, 1988. Guinea worm disease in Northern Uganda: A major public health problem controllable through an effective water programme. Intl J Epid, 17(2):434-440. (Describes a modified cluster survey of 2,014 people from 58 randomly selected clusters, conducted in 1984.)

Hopkins DR, 1988. Dracunculiasis eradication: The tide has turned. Lancet 2:148-150.

Kaul SM, Joshi GC, Sehfal PN, 1987. Field evaluation of temephos one percent sand granule formulation against cyclops. J. Commun Dis, Jun;19(2):168-171.

Paqui H, 1988. Fighting the dreaded guinea worm. World Development (UNDP), 1(3)July:17-19.

Steib K, Mayer P, 1988. Epidemiology and vectors of Dracunculus medinensis in northwest Burkina Faso, West Africa. Ann Trop Med Parasitol, 82(2):189-199.

Sullivan JJ, Long EG, 1988. Synthetic fibre filters for preventing dracunculiasis: 100 versus 200 micrometers pore size. Trans Roy Soc Trop Med Hyg, 82:465-466.

Yacoob M, Porter RW, 1988. Social marketing and water supply and sanitation: An integrated approach. WASH Field Report No. 22.

Yacoob M, Yohalem D, 1988. Second Regional Conference on Guinea Worm in Africa. WASH Field Report No. 240.

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AFRO REGIONAL COMMITTEE MEETING

At its thirty-eighth annual session in early September, the WHO Regional Committee for Africa adopted the resolution on the following page on eradication of dracunculiasis. The resolution was proposed by Ghana and supported by Niger:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA

ORGANISATION MONDIALE DE LA SANTE
BUREAU REGIONAL DE L'AFRIQUE

ORGANIZAÇÃO MUNDIAL DA SAÚDE
SEDE REGIONAL EM ÁFRICA

REGIONAL COMMITTEE FOR AFRICA

AFR/RC38/19/WP/17
11 September 1988

Thirty-eighth session
Brazzaville, 7-14 September 1988

ORIGINAL: ENGLISH

ERADICATION OF DRACUNCULIASIS

The Regional Committee,

Having considered the report of the Regional Director that outlines the considerable adverse effects of dracunculiasis (guinea-worm disease) on health, agriculture, education, and the quality of life in affected areas of the Region;

Recognizing the special opportunity afforded by the International Drinking Water Supply and Sanitation Decade (1981-1990) to combat dracunculiasis;

Stressing the importance of maximizing the benefits to health by using intersectoral approach and community mobilization in the context of primary health care;

Aware of the progress achieved in the implementation of action plans in several Member States for the control of guinea-worm disease since the International Workshop in Washington, D.C. in 1982;

1. ENDORSES the efforts to eradicate this infection, in association with the International Drinking Water Supply and Sanitation Decade;

2. ENDORSES a combined strategy of provision of safe sources for drinking water, active surveillance, health education, vector control, and personal prophylaxis for eradicating the infection;

3. CALLS on all affected member countries:

   a. to establish as quickly as possible, within the context of primary health care, plans of action for eliminating dracunculiasis, giving high priority to endemic areas in providing safe sources of drinking water;

   b. to intensify national surveillance of dracunculiasis, and report the resulting information regularly to WHO;

4. INVITES bilateral and international development agencies, private voluntary organizations, foundations, agencies, and appropriate regional organizations:

   a. to assist countries' efforts to add within the context of primary health care a dracunculiasis control component to ongoing or new water supply development in the rural areas, health education, and agricultural programmes in endemic areas by providing required support;

   b. to provide extrabudgetary funds for this effort;

5. URGES the Regional Director:

   a. to intensify coordination with other international organizations and bilateral agencies for the mobilization of the necessary resources in support of dracunculiasis eradication activities in affected countries;

   b. to intensify regional surveillance so as to monitor trends in prevalence and incidence of this disease and encourage cooperation and coordination between adjacent endemic countries;

   c. to submit a report on the status of these activities in the countries concerned to the thirty-ninth Regional Committee meeting.

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