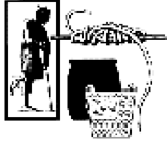
DEPARTMENT OF HEALTH & HUMAN SERVICES

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

Date: Aug. 22, 2003



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

Subject: GUINEA WORM WRAP-UP #135

To: Addressees

MALI: INCREASED ATTENTION TO NOMADS

In follow-up to indications beginning late in 2002 that "Black Tamashek" (Tuareg) nomads were at unusually high risk for contracting dracunculiasis in Mali's remaining endemic areas, a consultant from Global 2000/The Carter Center, Ms. Jennifer Moore, and a Malian sociologist, Mr. Hamadoun Maiga, from the University of Bamako studied perceptions and practices related to Guinea worm disease in nomadic populations and ministry of health personnel in Gao, Ansongo and Gourma Rharous Districts from 9 May to 4 June 2003. Those three districts reported 93% of all dracunculiasis in Mali in 2002. So far this year, at least 77% of cases are in black Tuaregs, and almost twice as many females are infected as males. The researchers conducted 18 Focus Group Discussions (135 participants) and 5 community-based key informant interviews (including 4 black Tuaregs), representing 12 tribal "fractions", including 6 black Tuareg fractions. The ethnic groups interviewed included black and white Tuaregs, Peulh (Fulani), and Moors. They also interviewed 11 health service personnel. All of the respondents knew that Guinea worm disease comes from water and all could name at least one preventive measure. All of the communities visited expressed a strong desire to be rid of Guinea worm disease. According to one informant, "If the worm disappeared from our community forever, I know people who would dance until their feet fell off."

The nomads acknowledged the strong impulse for persons with blisters from a worm that is about to emerge to immerse the affected part of their body in water in order to relieve the pain. Unlike the other groups studied, black Tuaregs do not use their turbans or other clothing to filter their drinking water, and water collecting is done by their women and children. The black Tuaregs are mostly involved in harvesting crops and tending to ther herds during the rainy season, which puts them in areas away from domestic sources of drinking water for much of the day. The most trusted sources of health information are from health personnel who speak their language, and radio. Many more female black Tuareg health workers are needed to facilitate access to women and children. Mali's first "Worm Weeks", which were conducted in these districts earlier this year, were well received. The researchers found evidence that Guinea worm interventions, knowledge and surveillance were all stronger in Gourma Rharous District (Timbuktu Region) than in Gao and Ansongo Districts (Gao Region).

Mali also hosted a cross-border meeting at Gao on July 14-15, that was attended by representatives of Burkina Faso and Niger, as well as by Dr. Alhousseini Maiga of WHO/AFRO. The meeting, which was the three countries' fourth so far this year, as they seek to improve coordination in their shared tri-border area, discussed social mobilization along the borders and ways to improve case containment, and allowed participants to exchange information. Dr. Mamadou Diallo and Mr. Philip Downs of The Carter Center made supervisory visits to the program in Gao in July and June, respectively. Mali has reported a 49% increase in cases in January-July 2003 compared to the same period of 2002 (from 71 to 106 cases). So far this year, it has exported 6 cases to Niger. The reported rate of case containment is 57%. A reported 92% of endemic communities have filters in all households, 36% have at least one source of safe drinking water, and ABATE® larvicide is being used in 2%.

IN BRIEF:

Nigeria reports –66% fewer cases for July 2003 than a year ago. Dukku LGA in Gombe State held its first "Worm Week" on July 17-13. General (Dr.) Yakubu Gowon made advocacy visits to Katsina, Kebbi, Sokoto and Zamfara States in August, and met with each of the state governors. The program held a cross-border meeting with Cameroon at Bama LGA in Borno State on July 3.

Table 1

Number of cases contained and number reported by month during 2003*

(Countries arranged in descending order of cases in 2002)

COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	CONT.
SUDAN	708 / 1176	362 / 702	543 / 870	517 / 1143	613 / 2009	1002 / 2248	/	/	/	/	/	/	3745 / 8148	46
GHANA	481 / 882	772 / 1338	556 / 942	622 / 936	524 / 768	363 / 550	/	/	/	/	/	/	3318 / 5416	61
NIGERIA	389 / 568	179 / 245	103 / 125	53 / 61	30 / 52	49 / 58	46 / 63	/	/	/	/	/	849 / 1172	72
TOGO	110 / 149	36 / 49	22 / 30	38 / 43	77 / 87	54 / 72	49 / 58	/	/	/	/	/	386 / 488	79
MALI	3 / 3	4 / 4	5 / 5	2 / 3	3 / 3	7 / 8	39 / 84	/	/	/	/	/	63 / 110	57
BURKINA FASO	6 / 6	3 / 4	0 / 2	1 / 3	12 / 17	24 / 64	17 / 36	/	/	/	/	/	63 / 132	48
NIGER	0 / 0	1 / 1	0 / 0	2 / 2	0 / 0	6 / 6	27 / 37	/	/	/	/	/	36 / 46	78
COTE D'IVOIRE	7 / 21	5 / 8	1 / 2	1 / 3	4 / 4	1 / 1	0 / 0	/	/	/	/	/	19 / 39	49
BENIN	21 21	1 / 1	1 / 1	0 / 0	0 / 0	0 / 0	2 / 2	/	/	/	/	/	25 / 25	100
ETHIOPIA	0 / 0	0 / 0	3 / 3	7 / 7	7 / 7	5 / 5	1 / 1	/	/	/	/	/	23 / 23	100
MAURITANIA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	2 / 3	/	/	/	/	/	3 / 4	75
UGANDA	0 / 0	0 / 0	0 / 0	3 / 3	9 / 11	5 / 6	2 / 2	/	/	/	/	/	19 / 22	86
TOTAL*	1725 / 2826	1363 / 2352	1234 / 1980	1246 / 2204	1279 / 2958	1517 / 3019	185 / 286	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	8549 / 15625	55
% CONTAINED	61	58	62	57	43	50	65						55	

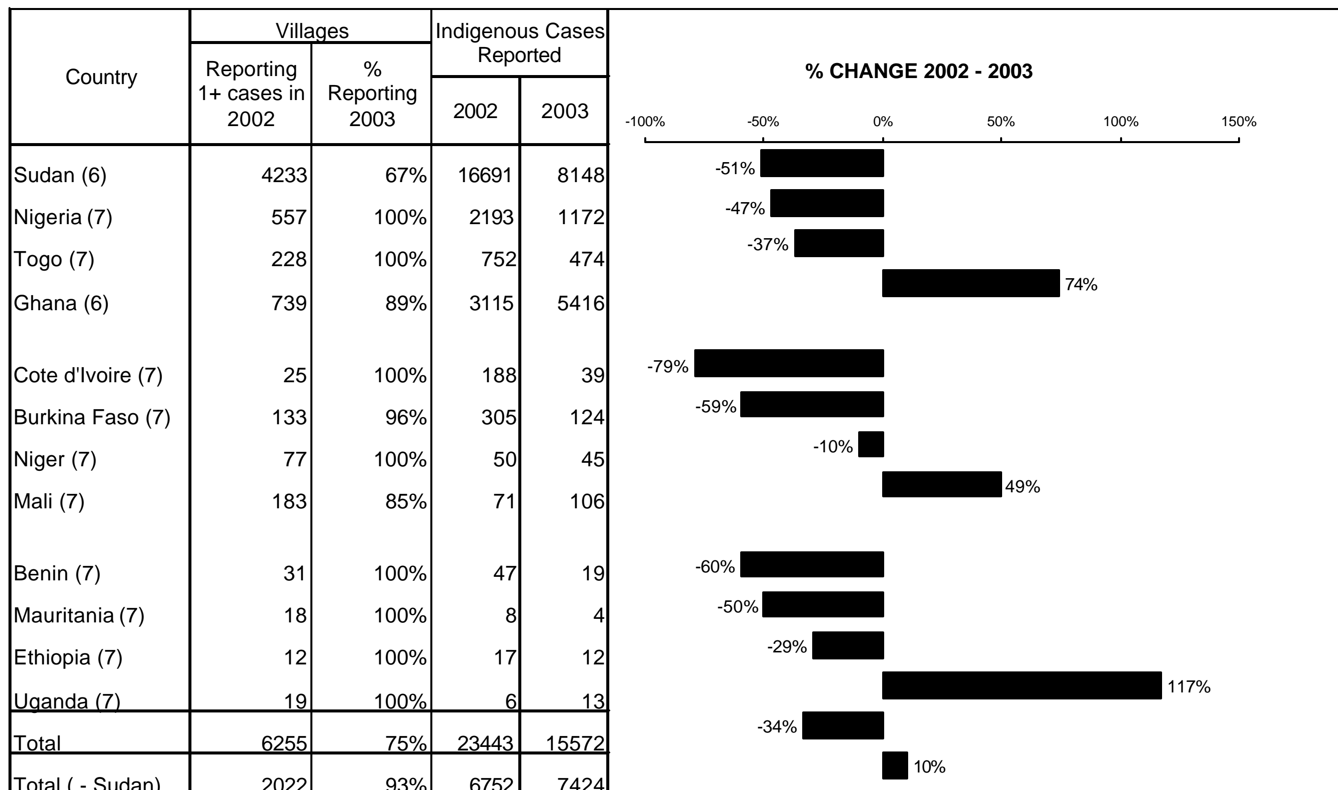
* PROVISIONAL

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

For other imported cases see table of imported cases by month and by country.

Figure 1

Number of Villages/Localities Reporting Cases of Dracunculiasis in 2002, Percentage of Endemic Villages Reporting in 2003*, Number of Indigenous Cases Reported During the Specified Period in 2002 and 2003*, and Percent Change in Cases Reported



Country	Villages		Indigenous Cases Reported	
	Reporting 1+ cases in 2002	% Reporting 2003	2002	2003
Sudan (6)	4233	67%	16691	8148
Nigeria (7)	557	100%	2193	1172
Togo (7)	228	100%	752	474
Ghana (6)	739	89%	3115	5416
Cote d'Ivoire (7)	25	100%	188	39
Burkina Faso (7)	133	96%	305	124
Niger (7)	77	100%	50	45
Mali (7)	183	85%	71	106
Benin (7)	31	100%	47	19
Mauritania (7)	18	100%	8	4
Ethiopia (7)	12	100%	17	12
Uganda (7)	19	100%	6	13
Total	6255	75%	23443	15572
Total (- Sudan)	2022	93%	6752	7424

(7) Indicates month for which reports were received, i.e., Jan. - July, 2003
* Provisional

Burkina Faso has reported an outbreak of 36 cases in Kaya District in June 2003, compared to zero cases in June 2002. The outbreak came to the attention of Burkina's Guinea Worm Eradication Program late, because the district health officer knew about the outbreak but refused to report it. The Ministry of Health has removed him from his position. The program is instituting emergency control measures. In Djibo District, 31 of 32 cases that occurred during January - July were isolated in a case containment center.

Burkina Faso and Mali. Dr. Dieudonne Sankara, Burkina Faso's National Guinea Worm Eradication Program (GWEP) Coordinator reports that on August 4, 2003 a supervisor from the Gorom-Gorom District in Burkina Faso crossed into Mali and visited the village of Bakal, in Gao District. He identified 6 residents of that village (4 female, and 2 males, all black Tuaregs, age range from 4-38 years) with patent Guinea worm disease. The supervisor cleaned and dressed the patients wounds, and provided health education, 100 cloth filters, and 100 pipe filters to that community. Upon receipt of this information Dr. Sankara promptly shared it with Dr. Issa Degoga, Mali's GWEP Coordinator. *Editorial comment*. This report exemplifies the ideal of cross-border collaboration between countries sharing border areas with endemic Guinea worm disease. The GWEPs of Burkina Faso, Mali, and Niger have recognized the need and agreed to allow staff from the programs to have the flexibility to cross the border to assist with investigation of cases and implementation of interventions against the transmission of Guinea worm disease, when warranted. We commend Dr. Sankara and the GWEP staff in Burkina's Sahel Region, which includes Gorom-Gorom District, for this initiative. We also exhort the GWEP staff in Mali to immediately move to fully assess the status of the disease in Bakal village and surrounding areas and to immediately implement appropriate surveillance and interventions against the disease to stop transmission as soon as possible.

Niger has recorded an outbreak of 30 cases in Tillaberi District, which is part of the problematic tri-border area of Niger, Mali and Burkina Faso, in July 2003. This outbreak is in an area which was only confirmed to be endemic late last year, since it was previously inaccessible to the program because of insecurity. Appropriate control measures are underway. Zinder Region, which reported 37 of Niger's 237 cases in 2002, has reported –92% fewer cases (from 24 to 2) in January-July this year.

Uganda and **Ethiopia**. Dr. Ahmed Tayeh, WHO-Geneva, visited Bume, South Omo, Ethiopia (16-27 July) where zero indigenous cases and 10 imported cases of dracunculiasis, (from southern Sudan) have been reported in 2003, and the village of Nwaupeot, Kotido District Uganda (27–30 July) which reported all 12 indigenous cases in the country during the first half of 2003. In Nwaupeot, Dr. Tayeh, the National Coordinator, Dr. J.B. Rwakimari, and the Director of the Health in Kotido, met with community leaders and with village-based volunteers to seek their assistance with reporting of cases and information about "secret" ponds used as sources of drinking water.

MEETINGS

This year's Program Review for Sudan, Ghana and Nigeria will be held at The Carter Center in Atlanta, Georgia, USA on September 22-25, 2003. WHO Director-General Dr. Jong – Wook Lee, will attend.

This year's Program Review for Benin, Burkina Faso, Cote d'Ivoire, Mali, Mauritania, Niger and Togo will be held in Ouagadougou, Burkina Faso on October 20-22, 2003.

A program review meeting for Ethiopia, Kenya, and Uganda will be held in Addis Ababa, Ethiopia, on November 18-20, 2003.

PERSONNEL CHANGES

Following this year's Program Reviews, Ms. Kelly Callahan, Global 2000/Carter Center Resident Technical Advisor to the Sudan Guinea Worm Eradication Program (GWEP), who is based in Nairobi, will return to the United States. Thank you Kelly for your splendid service! She will be replaced by Mr. Mark Pelletier, who currently is the Global 2000/Carter Center Resident Technical Advisor to the Sudan GWEP based in Khartoum. Mr. Raymond Stewart, currently the Resident Technical advisor based in Ouagadougou, will move to Khartoum. The Carter Center will phase out Stewart's position in Burkina Faso, given that country's rapid progress toward interruption of transmission.

Dr. Jeremiah Ngondi, trachoma program control officer for The Carter Center, based in Nairobi, and formerly data manager for the Sudan Guinea Worm Eradication Program, has received a scholarship to study epidemiology for eleven months at Cambridge University in England, beginning in September. Congratulations Dr. Jeremiah!

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.*

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