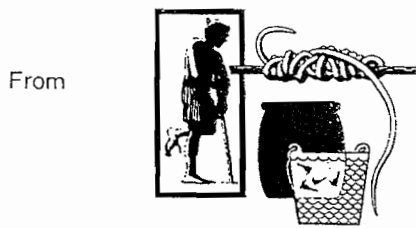




## Memorandum

Date March 8, 1996

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

Subject GUINEA WORM WRAP-UP #54

To Addressees

## WHO CONVENES INTERNATIONAL CERTIFICATION COMMISSION



The International Commission for the Certification of Dracunculiasis Eradication met for the first time at World Health Organization (WHO) headquarters in Geneva, March 5, 1996. In a very busy one-day session, the Commission formally adopted criteria for the certification of dracunculiasis eradication, and speci-



fied the process which countries should follow in order to be certified as having ended transmission of the disease, including guidelines and sample forms for use in the certification process. The Commission also adopted standards for "adequate surveillance" by endemic or formerly endemic countries, defining "adequate surveillance" for these purposes as monthly reporting from an average of 85% of endemic villages nationwide, and on-time reports from each reporting village for at least nine months of each 12-month reporting period. It approved a policy concerning the composition of International Certification Teams, endorsed the use of cash rewards as an appropriate and important component in the certification process, and it encouraged endemic countries to establish a National Certification Committee.

The Commission reviewed a comprehensive preliminary report submitted by the Pan American Health Organization (PAHO) which summarized the status of that region's actions to document the "Absence of Dracunculiasis Transmission in the Americas". Cuba, Brazil, the Dominican Republic, and Trinidad and Tobago have assessed the status of dracunculiasis and officially confirmed the absence of transmission. Similar confirmations are expected from nine other countries of the Americas. The Commission also approved a plan for the certification of dracunculiasis elimination in WHO's Eastern Mediterranean Region (EMRO), and it designated an International Certification Team to visit Pakistan in August or September 1996. Pakistan recorded its last confirmed case of the disease in October 1993. The Commission also agreed to seek more data on cases of dracunculiasis imported into non-endemic countries.

The members of the Commission are: Dr. Abdul Rahman Al-Awadi (Kuwait), chairman; Prof. Pierre Ambroise-Thomas (France); Dr. Joel Breman (USA); Prof. Ogobara Doumbo (Mali); Dr. (Ms.) Etsuko Kita (Japan); Dr. Pascal Magnussen (Denmark); Prof. David Molyneux (UK); Ms. Margaret Mwangola (Kenya); Dr. Abolhassan Nadim (Iran); Dr. Aluizio Prata (Brazil); Dr. Bheeshma Kumar Sainene (India); and Dr. Frederick Wurapa (Ghana). As president of the Thirty-third World Health Assembly in 1980, Dr. Al-Awadi signed resolution WHA33.3, which declared that smallpox had been eradicated. Representing WHO at the meeting were Dr. Ralph Henderson, assistant director general; Dr. Kazem Bebehani, director, division of control of tropical diseases (CTD); Dr. Philippe Ranque, chief of the dracunculiasis eradication unit of CTD; and Dr. Anders Seim from the dracunculiasis eradication unit. Dr. Trenton K. Ruebush of CDC and Dr. Donald Hopkins of The Carter Center (Global 2000) also attended this first meeting as technical advisors. Financial support for the meeting was provided by WHO.

**Table 1**

**MONTHLY REPORTING OF CASES OF DRACUNCULIASIS IN 1995**  
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1994)

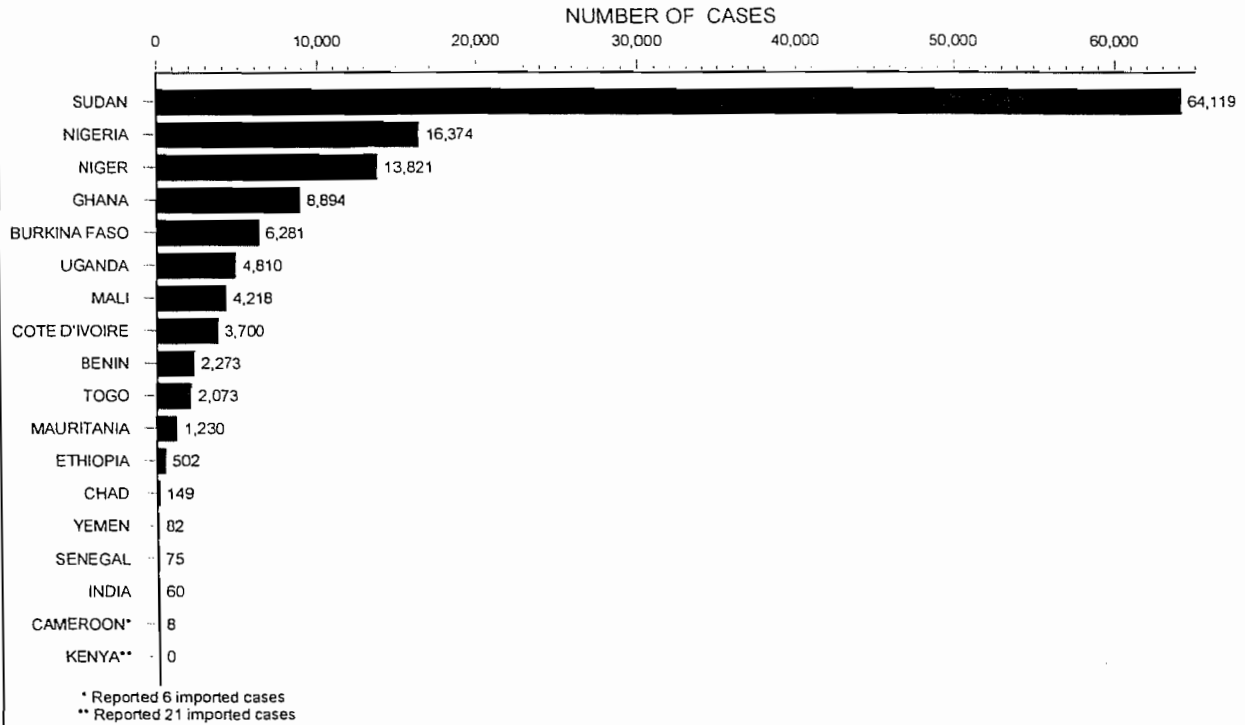
COUNTRY	NUMBER OF CASES IN 1994	NUMBER OF CASES REPORTED IN 1995												TOTAL*
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
SUDAN	53271	344	172	732	1178	15272	10912	10737	6407	8973	4395	2808	2189	64119
NIGERIA	39774	2622	1789	2019	1316	1028	2044	1815	1199	815	667	452	608	16374
NIGER	18562	75	44	69	244	1040	2997	3351	2883	1949	692	357	120	13821
UGANDA	10425	224	225	306	1148	926	887	437	263	161	114	61	58	4810
GHANA	8432	1971	1986	1517	1004	862	579	341	125	70	59	183	197	8894
BURKINA FASO	6861	131	227	112	168	283	824	1761	1227	981	342	181	44	6281
MALI	5581	29	20	107	255	185	335	456	1060	683	423	422	243	4218
COTE D'IVOIRE	5061	689	808	577	419	329	208	127	96	66	139	92	150	3700
TOGO	5044	352	134	86	132	154	90	99	148	105	279	275	219	2073
MAURITANIA	5029	0	0	3	23	51	76	222	589	235	14	12	5	1230
BENIN	4302	439	170	58	62	95	36	37	45	178	297	512	344	2273
ETHIOPIA	1252	19	9	14	88	95	101	106	26	31	8	1	4	502
CHAD	640	1	20	22	21	3	13	9	15	6	17	17	5	149
INDIA	371	0	0	2	3	3	14	20	13	3	1	1	0	60
SENEGAL	195	0	0	0	0	0	2	4	19	13	10	19	8	75
YEMEN	94	1	1	1	10	8	9	14	34	1	0	3	0	82
KENYA**	53	0	0	0	0	0	0	21	0	0				21
CAMEROON***	30	0	0	1	0	0	0	2	4	1	0	6		14
PAKISTAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL*	164977	6897	5605	5626	6071	20334	19127	19559	14153	14271	7457	5402	4194	128696

\* Provisional

\*\* Reported 21 imported cases in July

\*\*\* Reported 2 imported cases in July and 4 in August

**Figure 1 DISTRIBUTION OF 128,696 CASES OF DRACUNCULIASIS REPORTED DURING 1995 (PROVISIONAL REPORTS)**



**Figure 2 PERCENTAGE CHANGE IN NUMBER OF CASES OF DRACUNCULIASIS REPORTED DURING THE PERIOD 1994 AND 1995, BY COUNTRY**

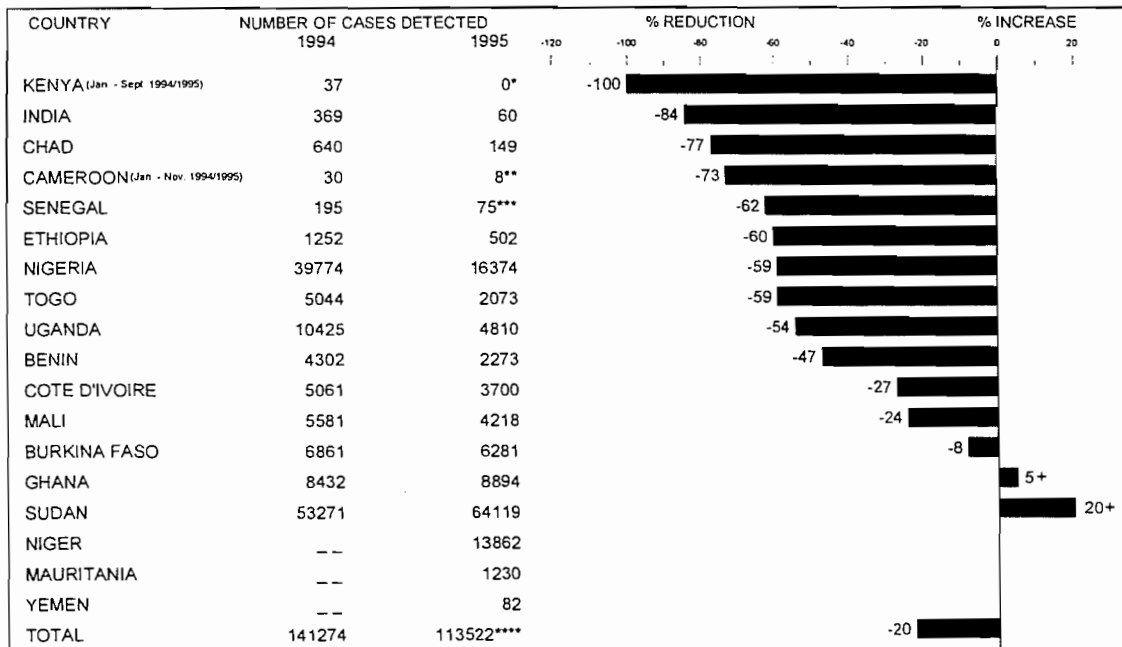
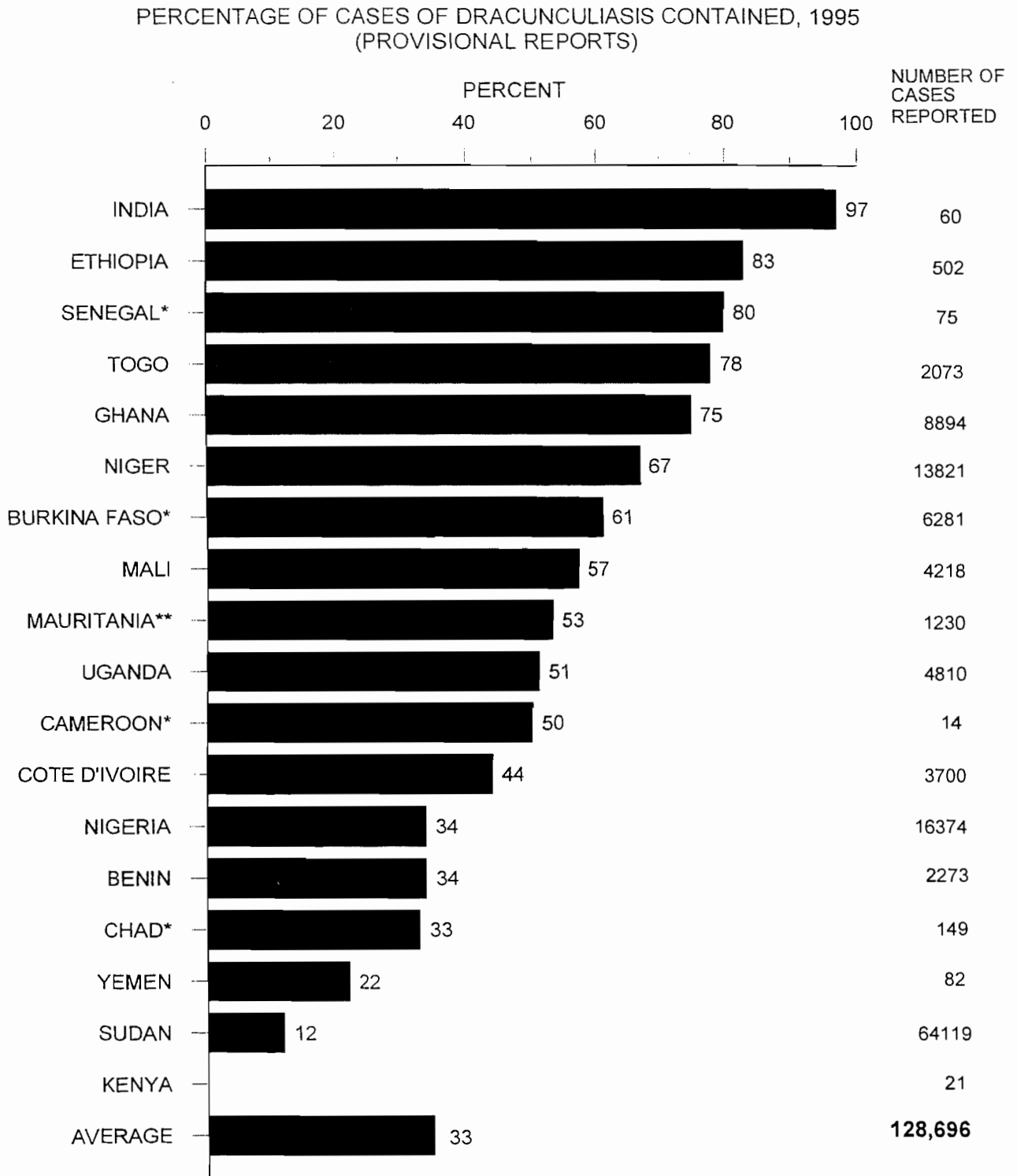


Figure 3



\*REPORTS FOR THE PERIOD JAN - NOV, 1994/1995

\*\*REPORTS FOR THE PERIOD JAN - OCT, 1994/1995

Table 2

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	OCTOBER	NOVEMBER	DECEMBER				
SUDAN	1932	57991	/ 133	/ 108	/	/	/	/	/	/	/	/	/	/	/	/	0 / 241
NIGERIA	1822	16374	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
NIGER	750	13821	40 / 44	/	/	/	/	/	/	/	/	/	/	/	/	/	40 / 44
GHANA	1057	8804	467 / 611	/	/	/	/	/	/	/	/	/	/	/	/	/	467 / 611
BURKINA FASO	561	6281	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
UGANDA	740	4810	39 / 46	/	/	/	/	/	/	/	/	/	/	/	/	/	39 / 46
MALI	534	4218	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
COTE D'IVOIRE	286	3700	222 / 284	/	/	/	/	/	/	/	/	/	/	/	/	/	222 / 284
TOGO	302	2073	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
BENIN	491	2273	/ 245	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 245
MAURITANIA		1230	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
ETHIOPIA	77	502	0 / 1	1 / 4	/	/	/	/	/	/	/	/	/	/	/	/	1 / 5
CHAD	33	149	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
YEMEN	19	82	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
SENEGAL		75	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
INDIA	24	60	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
KENYA		21	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
CAMEROON	3	14	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
PAKISTAN	0	0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
TOTAL*	8631	122568	768 / 1364	1 / 112	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	769 / 1476

\* Provisional

**IN BRIEF:**

- The Government of Cuba, as part of its documentation for certification of the absence of dracunculiasis transmission, has reported to the Pan American Health Organization (PAHO/WHO) 15 persons in whom the disease was imported into Cuba between 1979 and 1991. All except one 16-year old female were African males aged 13-37 years. They were from Benin (1), Burkina Faso (2), Ethiopia (1), Ghana (6), Mali (1), and Sudan (4). The report gives the date of diagnosis which, in each instance, corresponds to the period of peak transmission in the country from which the imported case originated.
- Ethiopia recently received funding from Health and Development International, which will be used to begin offering a cash reward for reporting of a case of dracunculiasis.
- Mali began an evaluation of its program, with the assistance of the OCCGE, in late February.
- Mauritania has received a grant of \$10,000 from Spain to be used for preparing cloth filters and for bandages and other components of first aid kits for treating persons with dracunculiasis. An external evaluation of this program is scheduled to be conducted March 10-22.
- Niger will receive assistance from the Japan International Cooperation Agency (JICA) to install 90 borehole wells in 71 endemic villages, to refurbish another 77 wells, and to conduct associated health education in Zinder, the country's most highly endemic region.
- Nigeria plans to conduct an external evaluation of its Guinea Worm Eradication Program later this year. Figure 4 shows the numbers of cases reported, by state, during 1994 and 1995 and the percentage change.

**Table 3**

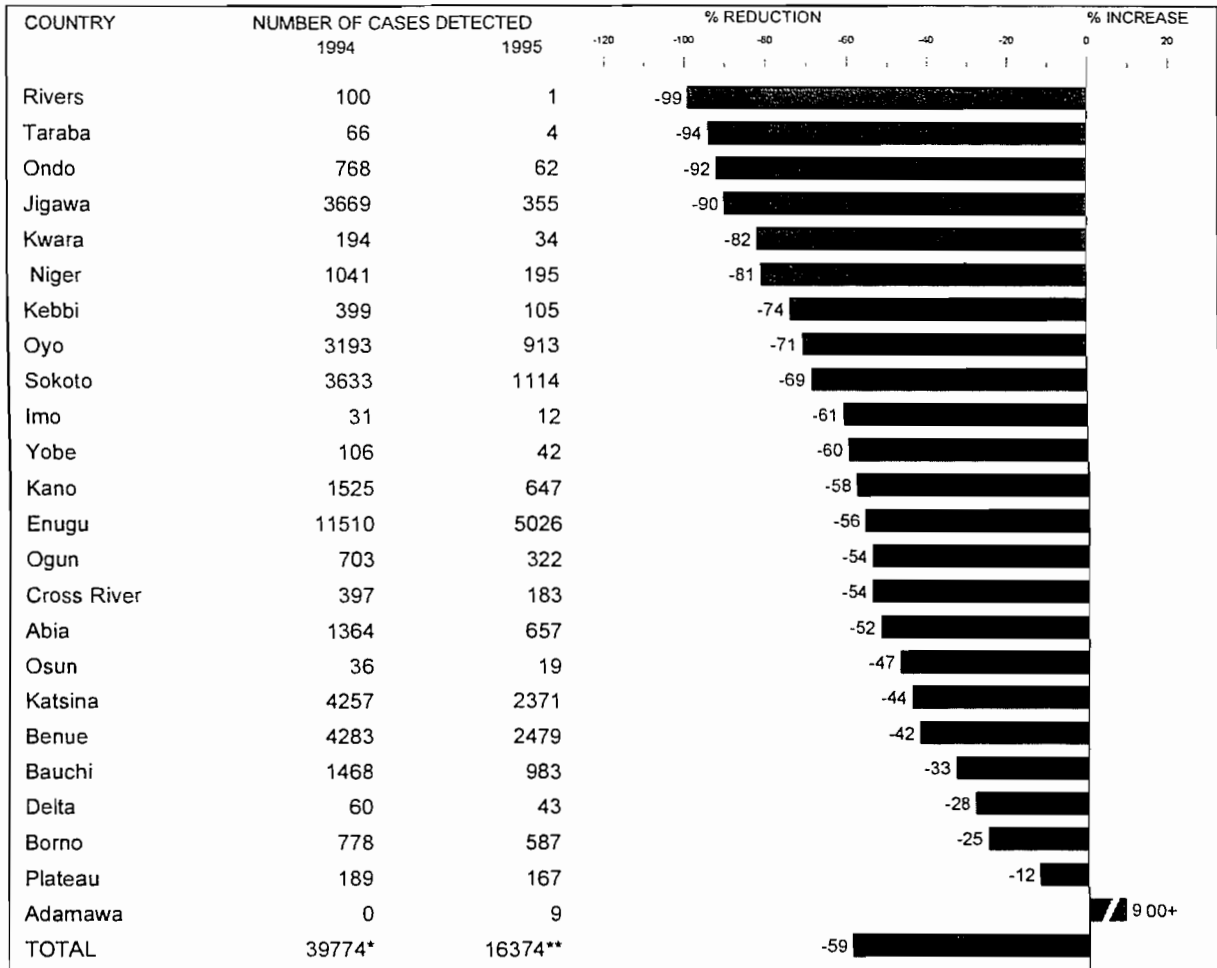
**PERCENT OF ENDEMIC VILLAGES REPORTING AND PERCENT OF CASES CONTAINED IN 1995**

Country	Percentage of endemic villages reporting	Percent of cases contained in 1995
Sudan	21% (Jan.- Dec.)	12% (Jan.- Dec.)
Nigeria	78% (Jan.- Dec.)	34% (Jan.- Dec.)
Niger	88% (Jan.- Dec.)	67% (Jan.- Dec.)
Uganda	95% (Jan.- Dec.)	51% (Jan.- Dec.)
Ghana	99% (Jan.- Dec.)	75% (Jan.- Dec.)
Burkina Faso	80% (Jan.- Dec.)	61% (Jan.- Dec.)
Mali	87% (Jan.- Dec.)	57% (Jan.- Dec.)
Côte d'Ivoire	95% (Jan.- Dec.)	44% (Jan.- Dec.)
Togo	94% (Jan.- Dec.)	78% (Jan.- Dec.)
Mauritania	97% (Jan.- Oct.)	53% (Jan.- Oct.)
Benin	99% (Jan.- Dec.)	34% (Jan.- Dec.)
Ethiopia	87% (Jan.- Dec.)	83% (Jan.- Dec.)
Chad	99% (Jan.- Nov.)	33% (Jan.- Nov.)
India	100% (Jan.- Dec.)	97% (Jan.- Dec.)
Senegal	100% (Jan.- Nov.)	80% (Jan.- Nov.)
Yemen	99% (Jan.- Dec.)	22% (Jan.- Dec.)
Kenya	NR	---
Cameroon	86% (Jan.-Nov.)	50% (Jan.- Nov.)
Pakistan	100%	---

NR = No Report

Figure 4

NIGERIAN GUINEA WORM ERADICATION PROGRAM  
 PERCENTAGE CHANGE IN NUMBER OF CASES OF DRACUNCULIASIS  
 REPORTED DURING THE PERIOD 1994 AND 1995, BY STATE



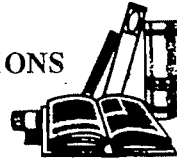
\* Abuja, Akwa Ibom, Kaduna, and Kogi States are not endemic ( zero cases in 1994 and 1995). Anambra State reported 4 imported cases in 1994 and zero in 1995.

\*\* Three states that reported zero case in 1994 reported imported cases in 1995: Edo had 2 cases, and Lagos had 42 cases in 1995.

## MEETINGS

The Sixth African Regional Conference on Dracunculiasis Eradication will be held in Accra, Ghana, March 26-28, 1996.

## RECENT PUBLICATIONS



Omar MA, Sufi QM, and Gamba-Osiaga A, 1993. Community perception and role in prevention of Guinea worm disease. Annali di Igiene; 5:305-312.

Omar MA, Gamba-Osiaga A, Sufi Q, and Guerra R, 1993. A survey of human dracunculiasis in Kitgum District, Uganda. Annali di Igiene; 5:313-320.

WHO, 1996. Progress towards global eradication. Wkly Epidemiol Rec, 71:9-16.

\* \* \* \* \*

*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: (404) 488-4532.*



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