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**International Commission
for the Certification
of Dracunculiasis Eradication**

**Second Meeting:
Report and Recommendations**



WORLD HEALTH ORGANIZATION

DIVISION OF CONTROL OF TROPICAL DISEASES

1997

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The organization of this meeting was made possible through the generous contribution from Japan within the context of the Dracunculiasis Eradication Programme.

Report

Introduction

The second meeting of the International Commission for the Certification of Dracunculiasis Eradication (ICCDE) was convened by the World Health Organization on 23-24 January 1997 in Geneva, under the Chairmanship of Dr Abdulrahman Al-Awadi. The meeting was opened by Dr Ralph Henderson, Assistant Director-General, on behalf of WHO's Director-General. Progress towards global dracunculiasis eradication and specific actions in Member States were presented in detail by WHO Headquarters and Regional Offices staff. Progress was well-documented in all Regions. Sudan with 107 693 cases reported through November 1996, representing 77% of worldwide reported cases, remains a special challenge because of political instability and civil unrest which create insecurity for field workers and hamper the performance of their work.

Summary of certification actions

A first group of three countries - Pakistan, Islamic Republic of Iran and Cuba - was presented to the Commission for review of the epidemiological status of dracunculiasis.

Pakistan, which recorded its last case in October 1993, submitted a detailed country report. It was visited by an International Certification Team (ICT) from 7 September to 7 October 1996. The Islamic Republic of Iran, with the last cases of dracunculiasis documented in the early 1970s, was visited by an ICT from 17 November to 14 December 1996. These two country reports and those of the ICTs indicated that criteria for certification of dracunculiasis eradication were met in both countries and Team members concluded that Pakistan and Islamic Republic of Iran are free of guinea worm transmission.

Cuba reported and published its last cases of endemic dracunculiasis in 1864. But because guinea worm was detected among Africans in Cuba between 1980 and 1992, the Commission at the first Meeting in 1995 requested that, in addition to the report, a detailed evaluation of Cuba's water supply be made. Thus, a field visit by a WHO consultant took place from 11 to 16 November 1996. On the basis of the complementary information provided, the Commission concluded that Cuba is free of dracunculiasis transmission.

A second group of 19 countries requesting certification submitted completed forms and statements indicating that they never had endemic transmission or, if they ever did, they provided historical accounts of endemicity that had occurred in previous centuries. All these countries confirmed the absence of guinea worm on their territory. In each the surveillance is considered adequate to detect a case if importation should ever occur, or conditions for introducing the infection do not exist in the country. The documents from each country were considered separately. Eighteen countries, namely Austria, Barbados, Belgium, Brazil, Bulgaria, Colombia, Cook Islands, Dominican Republic, Finland, Kiribati, Mongolia, Papua New Guinea, Romania, Singapore, Solomon Islands, Switzerland, Trinidad and Tobago, and Vanuatu, were recommended for certification. The Commission requested that more detailed information be obtained from Egypt and asked for an ICT visit in this country. This was prompted by the existence of a common border with Sudan and concern about the potential risk of disease introduction.

As eradication and certification activities intensify and accelerate, widespread dissemination of information about programme progress through surveillance bulletins (e.g. WHO's Weekly Epidemiological Record), the scientific journals, press and other media are advised. This is expected to encourage and motivate all workers involved in eradication and to inform the world community about the achievements of the programme.

The achievements of countries recommended for certification are applauded. Endemic countries are complimented for the progress achieved and encouraged to sustain their eradication efforts. The ICCDE also recognized many national and international organizations that are committed to supporting this important public health programme.

Progress of the Dracunculiasis Eradication Programme

Important progress is being made worldwide towards the achievement of dracunculiasis eradication, including certification activities in some countries. However, many countries require assistance and close monitoring of their activities. This is particularly true for those with currently endemic disease and those at high risk of disease introduction from neighbouring endemic countries. With the exception of 62 cases reported in Yemen and nine cases in India in 1996, all guinea worm cases are occurring in Africa. In 1996, over 77% of the world's guinea worm cases have been reported from Sudan, where field activities are impeded by civil unrest.

Surveillance

Epidemiologic surveillance is key to dracunculiasis eradication and must continue until global eradication is achieved. Many endemic countries are planning to integrate dracunculiasis eradication activities into the general health services as the incidence of disease decreases. Combined disease surveillance and interventions may be feasible in some countries, but integration should not compromise the dracunculiasis eradication programme. Geographic Information Systems (GIS) appear extremely useful for operations management and certification activities.

Terminology

Having considered terminology used in other disease eradication programmes, the ICCDE concluded that, until interruption of transmission is achieved worldwide, the term "free of dracunculiasis transmission" shall be applied when certifying geographical entities (countries and territories). The classification of country status related to certification requires periodic updating to facilitate monitoring of the eradication programme by the ICCDE.

Operational Research

While there is no evidence that Dracunculiasis is a zoonosis, the reports of guinea worm disease in human occurring in non-endemic areas in China, Korea, and Japan need further critical evaluation. As surveillance intensifies, more humans may be detected with animal nematodes that may be confused with *Dracunculus medinensis*.

Recommendations

The Commission recommends that:

1. A country or a territory that has interrupted transmission of dracunculiasis and conforms with requirements for certification, shall be recommended by the ICCDE to the Director-General of the World Health Organization for certification as "free of dracunculiasis transmission." The term "eradication of dracunculiasis" shall be used only when interruption of dracunculiasis transmission is recognized worldwide.
2. Activities in countries endemic for dracunculiasis should be intensified and strengthened. Special attention and support should be given to field operations on the African continent, particularly in Sudan.
3. National and international epidemiologic surveillance should be strengthened during preparations for certification. Integration of dracunculiasis surveillance with that of other diseases should be done when feasible if such integration strengthen the successful completion of eradication activities.
 - 3.1 Special attention should be given to high priority areas such as endemic foci shared by several endemic countries, communities where the last cases occurred, places with difficult access and areas where reporting has been incomplete.
 - 3.2 People attending large gatherings (i.e. persons going to Saudi Arabia on the annual pilgrimage, agglomerations of immigrants and refugees, other displaced populations, persons at market places) should be asked about the possible existence of guinea worm in their home country.
 - 3.3 All countries at risk of introduction or reintroduction of the disease should maintain vigilance until global eradication is achieved, and the national and local authorities should be notified immediately when patients with suspected or confirmed guinea worm are detected as having acquired their infection in other countries or other administrative areas of the same country. WHO should also be notified immediately when any importation of cases occurs.
 - 3.4 Geographic Information Systems (GIS) should be used to assist field operations aimed at eliminating transmission or at surveillance. GIS are powerful tools which may help national Programmes in preparing their country for certification.

4. **Austria, Barbados, Belgium, Brazil, Bulgaria, Colombia, Cook Islands, Cuba, Dominican Republic, Finland, Islamic Republic of Iran, Kiribati, Mongolia, Pakistan, Papua New Guinea, Romania, Singapore, Solomon Islands, Switzerland, Trinidad and Tobago and Vanuatu** should be granted certification as these countries were recognized free of dracunculiasis transmission. The following classification should be used to facilitate easy monitoring of the certification progress in countries of the world: (1) currently endemic or endemic in the last three years; (2) no longer endemic, (3) considered at risk; and (4) never endemic. These categories were further subdivided according to certification status, namely (a) current transmission; (b) begun pre-certification activities; (c) ready for presentation to the ICCDE; (d) certified (*Annex 3*).
- 4.1 Pakistan, while recognized as being free of dracunculiasis transmission, should maintain reward and surveillance activities as neighbouring India remains an endemic country. Detailed data on the epidemiologic surveillance and maps provided to the International Certification Team during their visit to Pakistan should be appended to the ICT report.
- 4.2 The Islamic Republic of Iran should create a rumor register and continue to include dracunculiasis in the curriculum in the schools of medicine and community health.
5. More resources should be allocated to countries in the African continent.
6. The status of all countries and territories from a given geographical entity be considered together to encourage a regional approach to certification.
7. Egypt should submit a country report with particular attention to areas bordering Sudan. Data should be presented at the next meeting of the Commission on surveillance for guinea worm in high risk areas, including interviews with health staff. An ICT visit should take place.
8. A report on the history of guinea worm transmission and interventions should be obtained from Turkmenistan, Tajikistan and Uzbekistan. The report should mention any importation of cases from nearby countries that had more recent transmission, and describe the mechanisms used to detect and contain any such cases.
9. A study group should be formed to assess the finding of alleged *Dracunculus medinensis* in China, Japan and Korea, taking budgetary factors into consideration and providing availability of funds. The potential for zoonotic transmission of guinea worm should be evaluated and recommendations made for research on the subject. The commission suggests that some consideration be given to morphologic, taxonomic and genetic characterization of such nematodes. As soon as available (preferably within one year), the study group report should be submitted to the ICCDE.

10. Information be disseminated:
 - 10.1 Surveillance information should be disseminated widely, systematically and frequently through international and national bulletins, newsletters and other media. The Commission felt that the "The Weekly Epidemiologic Record" (WER) could be an excellent channel. Country data should be complemented by detailed district level data when possible.
 - 10.2 Articles and broadcasts on the eradication programme should, as much as possible, be prepared for scientific journals, lay publications, radio and television programmes.
11. Special procedures be established;
 - 11.1 To be considered by the ICCDE free from dracunculiasis transmission, countries must indicate in writing to WHO that they fulfilled the criteria, that guinea worm has either not been known to have existed in their country or that transmission has been interrupted, indicating the date of the last reported case, and request certification. The WHO forms on dracunculiasis status should be attached to the request. Any forms sent to countries from now on should include spaces for the name, title and signature of the national responsible officer.
 - 11.2 Standardized procedures should be developed for International Certification Teams and a report model proposed. A comprehensive summary and some homogeneity of ICT reports should considerably ease the work of the Commission.
 - 11.3 The ICCDE wishes to be informed of interruption of transmission and pre-certification activities as they occur nationally, regionally and internationally. The secretariat should systematically send surveillance documents, ICT reports and other pertinent information to ICCDE members, as they become available.
12. All possible efforts should be made to support the final phases of dracunculiasis eradication. This should include attention to budgetary requirements and to staffing needs in the field, at the regional and international level.
13. Acknowledgment of the important contributions of each partner in the global eradication effort should be made periodically as the interruption of guinea worm transmission is achieved.



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

**SECOND MEETING OF THE INTERNATIONAL
COMMISSION FOR THE CERTIFICATION OF
DRACUNCULIASIS ERADICATION**

*WHO, Geneva, 23 - 24 January 1997
Room M 305*

CTD/DRA/ICCDE(2)/WP/97.1

AGENDA

Thursday, 23 January

9:00 - 10:00	Opening of the meeting by the ADG. Appointment of the Vice-Chairman. Adoption of the agenda. Review of the minutes of the first ICCDE meeting and follow up of the recommendations.	Dr R.H. Henderson
	Introduction	Dr K. Behbehani
10:00 - 10:15	<i>Coffee break</i>	
10:15 - 10:45	Presentation on the interruption of transmission: action and progress.	Dr A. Seim
10:45 - 12:00	Surveillance, an essential prerequisite to certification and GIS as a tool for information management and integration of surveillance with other diseases.	K.O'Neill
12:00 - 14:00	<i>Lunch</i>	
14.00 - 15.30	Dracunculiasis Eradication in Pakistan: Presentation of the Country Report and of the Certification Team's Report for Pakistan. Discussions and recommendations regarding certification.	Dr A. Nadim
15.30 - 15.45	<i>Coffee break</i>	
15.45 - 16.45	Dracunculiasis Eradication in Iran: Presentation of the Country Report and of the Certification Team's Report for Iran. Discussions and recommendations regarding certification.	Dr B. Sainanee
16.45 - 17.15	Dracunculiasis Eradication in Cuba: Complementary information for certification. Discussions and recommendations regarding certification.	Dr R. Gusmão

*Annex 1
(continued)***Friday, 24 January**

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|----------------------|--|-----------------------------|
| 09.00 - 10.00 | Certification of eradication in Barbados, Brazil, Colombia, Trinidad and Tobago.
Discussions and recommendations regarding certification. | Dr R. Gusmào |
| | Certification of eradication in Switzerland and others
Discussions and recommendations regarding certification. | Dr P. Ranque |
| 10.00 - 10.15 | <i>Coffee break</i> | |
| 10.15 - 12.00 | Precertification activities in WHO Regions and in non-WHO Member States:
Introduction.
Status report: | Dr P. Ranque |
| | AFRO
AMRO
EMRO
EURO
SEARO
WPRO | Regional
Representatives |
| 12.00 - 14.00 | <i>Lunch</i> | |
| 14.00 - 14.30 | Status of the WHO programme and plans for the future (Plan of Action for 1997). | P. Cattand |
| 14.30 - 15.00 | Presentation of the financial aspects of the WHO Programme and of the work of the Commission. | Dr M. Karam |
| 15.00 - 15.15 | <i>Coffee break</i> | |
| 15.15 - 16.00 | Any other matters.
Closure. | |



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*WHO, Geneva, 23 - 24 January 1997
Room M 305*

CTD/DRA/ICCDE(2)/WP/97.2

LIST OF PARTICIPANTS

Members

- Dr A. R. Al-Awadi, Executive secretary, Regional Organization for the Protection of the Marine Environment, Kuwait - **Chairman**
- Professeur P. Ambroise-Thomas, Centre collaborateur OMS, Département de Parasitologie, Mycologie médicale et moléculaire, Faculté de Médecine de Grenoble, France
- Dr J.G. Breman, Deputy Director, Division of International Training and Research, Fogarty International Center, National Institutes of Health, USA - **Rapporteur** (English speaking)
- Professeur O. Doumbo, Département d'Epidémiologie des Affections Parasitaires, Ecole Nationale de Médecine et de Pharmacie du Mali, Mali - **Rapporteur** (French speaking)
- * Dr (Ms) Etsuko Kita, Director, Expert Service Division, Bureau of International Cooperation, International Medical Centre, Japan
- Dr P. Magnussen, Danish Bilharziasis Laboratory, Denmark
- Professeur D. Molyneux, Director and Professor of Tropical Health Sciences, Liverpool School of Tropical Medicine, United Kingdom
- Ms Margaret Mwangola, Executive Director, Kenya Water and Health Organization (KWAO), Kenya
- Professor A. Nadim, Professor of Epidemiology, School of Public Health, Islamic Republic of Iran
- Dr A.R. Prata, Disciplina de Doencas Infecciosas e Parasitarias, Faculdade de Medicina do Triangulo Mineiro, Brazil
- Dr Bheeshma Kumar Sainanee, Chief Medical Officer (Epidemiology), National Institute of Communicable Diseases, India
- Dr F.K. Wurapa, Former WHO Medical Officer, Ghana

Observers

- * Dr Donald R. Hopkins, Senior Consultant, Global 2000, USA

Dr Trenton K. Ruebush II, Director, Collaborating Center for Research, Training and Eradication of Dracunculiasis, Centers for Disease Control and Prevention (CDC), USA

- * Dr E. Ruiz-Tiben, Global 2000, c/o Collaborating Center for Research, Training and Eradication of Dracunculiasis, Centers for Disease Control and Prevention, (CDC), USA

Special guest

Dr Ghayyur H. Ayub, Director-general of Health, Islamabad, Pakistan

Representatives of other organizations

- * Mr A.C. Doss, Director, UNDP European Office, Châtelaine, Switzerland
- * Mr A. Roberfroid, Regional Director, UNICEF Office for Europe, Geneva, Switzerland

WHO Regions

Dr A. Andjaparidze, Regional Office for South-East Asia, New Delhi, India

- * Dr Dittmann, Coordinator, Communicable Diseases and Immunization Programme, Regional Office for Europe, Copenhagen, Denmark

Dr R. Gusmão, HCT/M, Regional Office for the Americas, Washington, D.C., USA

- * Dr S.K. Litvinov, Regional Adviser, Programme of Cooperation with Central and Eastern Europe, Regional Office for Europe, Copenhagen, Denmark

Dr A. Maiga, Bureau du Représentant de l'OMS, Ouagadougou, Burkina Faso

Dr B. Sadrizadeh, Director, Integrated Control of Diseases, Regional Office for the Eastern Mediterranean, Alexandria, Egypt

Dr L.S. Self, Acting Regional Adviser in Disease Vector Control, Regional Office for the Western Pacific, Manila, Philippines

- * Dr Wahdan, Regional Office for the Eastern Mediterranean, Alexandria, Egypt

Secretariat

Dr K. Behbehani, Director, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Ms Eva Carlsson-Hopperger, Legal Officer, Office of the Legal Counsel, WHO, Geneva, Switzerland

Mr P. Cattand, Dracunculiasis Eradication, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr R. H. Henderson, Assistant Director General, WHO, Geneva, Switzerland

Dr M. Karam, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Ms Kathy O'Neill, Health Map, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr P. Ranque, Chief, Dracunculiasis Eradication, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr A. Seim, Medical Officer, Dracunculiasis Eradication, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

* Dr I. Sow, Medical Officer, Division of Emergency and Humanitarian Action, WHO, Geneva, Switzerland

Dr G. Watters, Division of Operational Support in Environmental Health, WHO, Geneva, Switzerland

**CLASSIFICATION OF THE COUNTRIES AND TERRITORIES
OF THE WORLD FOR ICCDE FOLLOW UP
as of ... (date)**

	1	2	3	4
	Currently endemic	Pre-certification	Ready for certification	Certified
Endemic (< 3 years with transmission)				
No longer endemic (≥ 3 years with transmission)				
Considered at risk				
Never endemic				

1. Natural transmission occurring: field activities in progress to achieve interruption of dracunculiasis transmission and eradication.
2. Special field studies and documentation for certification in progress; can include national commission evaluation.
3. Complete documentation ready to submit to International Certification Team (ICT), and prepare for ICT visit.
4. ICCDE has recommended country free from dracunculiasis transmission.

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTE

Téléphone Central/Exchange: 791. 2111
Direct: 791.

Dr H. Nakajima
Director-General
World Health Organization
Geneva

In reply please refer to: DRA-D9-87-6
Prière de rappeler la référence:

Your reference:
Votre référence:

24 January 1997

Dear Dr Nakajima,

I should like to inform you that the International Commission for the Certification of Dracunculiasis Eradication, which met in Geneva on 23 and 24 January 1997, have examined the documentation submitted to it.

I am pleased to submit to you for your consideration the decision of the Commission.

With best regards,

Yours sincerely,

A handwritten signature in black ink, appearing to read 'A. Awadi', written over a faint circular stamp.

Dr A. Awadi
Chairman
International Commission for
the Certification of Dracunculiasis
Eradication

ENCL.: (1)

**RECOMMENDATION OF THE INTERNATIONAL COMMISSION
FOR THE CERTIFICATION OF DRACUNCULIASIS ERADICATION**

Based on careful examination of the evidence and in accordance with the established criteria, the International Commission for the global Certification of Dracunculiasis Eradication recommends that:

**Austria
Barbados
Belgium
Brazil
Bulgaria
Colombia
Cook Islands
Cuba
Dominican Republic
Finland
Iran (Islamic Republic of)
Kiribati
Mongolia
Pakistan
Papua New Guinea
Romania
Singapore
Solomon Islands
Switzerland
Trinidad and Tobago
Vanuatu**

be certified by WHO's Director-General as being free of dracunculiasis transmission. This recommendation is based on the Commission's finding at its meeting of 23 - 24 January 1997 that these countries fulfilled the requirements for certification.

For the International Commission for Certification of Dracunculiasis Eradication,

Certification approved by the Director-General

Geneva, 24 January 1997



Dr H. Nakajima, WHO



Dr. A. R. Al-Awadi,
Chairman

