



Date April 10, 1998

From



Who Collaborating Center
Research, Training and Eradication of Dracunculiasis

Subject GUINEA WORM WORM WRAP #77

To

Addresses

Detect Every Case, Contain Every Worm!

CARTER, TOURE ELECTRIFY SEVENTH AFRICAN REGIONAL CONFERENCE



GLOBAL 2000



Conference on Dracunculiasis Eradication at the Palais des Congres in Bamako, Mali, on March 31-April 3, 1998 were treated to stirring addresses at the Closing Ceremony by former U.S. President Jimmy Carter and

former Malian Head of State General Amadou Toumani Touré.

President Carter warned against the dangers of complacency and premature celebration, and congratulated national coordinators on their successes so far. He announced significant new contributions to the eradication program by the Government of Japan (\$2.5 million), by a private citizen (Mr. Henry McConnon, \$0.5 million), and by several other governments through the special World Bank Trust Fund that was established for that purpose last year. General Touré noted that “enthusiasm is contagious”, stressed the importance of the desire to win, and expressed his confidence that we shall win. He then issued a “direct order”, commanding all concerned to maintain pressure on the disease wherever it still exists during the final assault being launched at this conference, and to remain resolute in our determination to conclude the eradication campaign successfully and rapidly. The Prime Minister of Mali, Ibrahim Boubacar Keita, presided on behalf of the head of state at the Opening Ceremony, while the Minister of Energy and Mines, Yoro Diakité, represented the head of state at the Closing Ceremony.



All affected African countries except Kenya were represented at the conference, which was co-sponsored by the Government of Mali, WHO, UNICEF, The Carter Center/Global 2000, and CDC. National programs also contributed to an extensive exhibition of artifacts from the campaign, including many types of monofilament filters, reporting forms, posters, T-shirts, and several examples of “Guinea worm cloth” that were displayed at the meeting. The conference featured workgroups on case detection and case containment among nomadic populations and in small hamlets, in addition to reports from each of the endemic countries represented. There was a general consensus that programs and their partners should mobilize and aim to stop transmission in all remaining areas outside of Sudan within the next two years. The Recommendations of the Conference are listed on page 12 in this issue. The final surveillance data for 1997 are summarized in Tables 1, 2, and 3 and Figures 1, 2 and 3. Provisional data for 1998 are given in Table 4 and Figure 4. This meeting attracted the most extensive media coverage of any such Conference on dracunculiasis, including coverage of the Closing Ceremony by CNN. Also, U.S. Peace Corps had a larger delegation than ever before at this conference (see page 9).

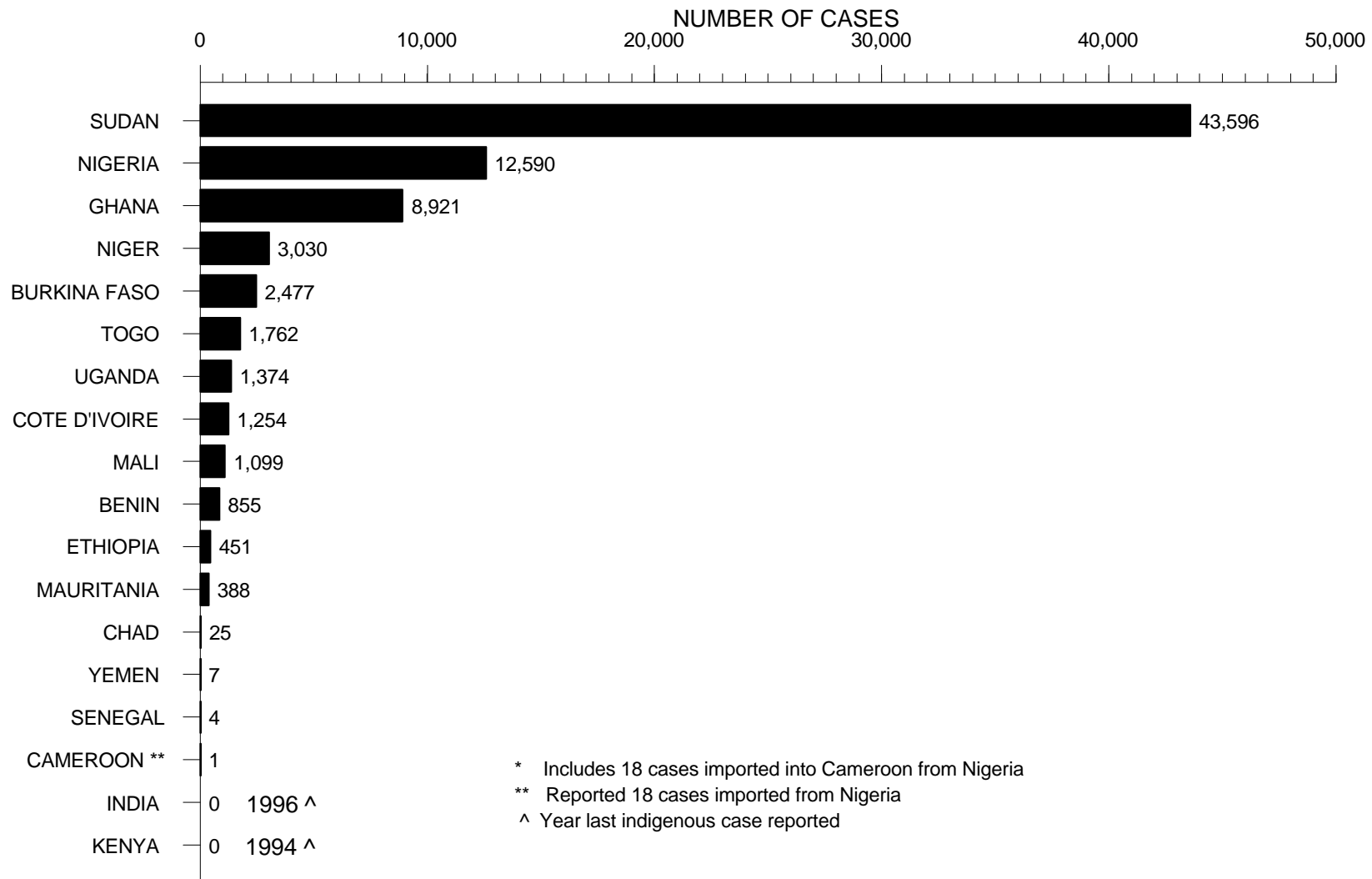
**NUMBER OF CASES CONTAINED AND NUMBER REPORTED BY MONTH DURING 1997*
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1996)**

COUNTRY	# OF CASES IN 1996	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													CONT.	%
		JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*		
SUDAN	118578	1965 / 3595	862 / 1340	5603 / 8850	2621 / 7046	3264 / 7315	1969 / 2717	2089 / 2689	1785 / 3179	1544 / 2670	1037 / 1814	894 / 1562	400 / 819	24033 / 43596	55	
NIGERIA	12282	1042 / 1211	1406 / 1425	972 / 1117	806 / 918	952 / 1113	1089 / 1478	1150 / 1650	1016 / 1220	377 / 625	342 / 401	609 / 766	619 / 666	10380 / 12590	82	
GHANA	4877	1498 / 1685	1182 / 1625	904 / 1226	680 / 909	583 / 652	272 / 376	194 / 274	73 / 97	53 / 69	123 / 162	422 / 808	605 / 1038	6589 / 8921	74	
BURKINA FASO	3241	10 / 23	10 / 37	0 / 47	36 / 85	102 / 428	117 / 392	219 / 606	130 / 591	82 / 207	44 / 47	12 / 12	2 / 2	764 / 2477	31	
NIGER	2956	3 / 7	0 / 0	2 / 4	5 / 14	33 / 59	218 / 435	312 / 731	500 / 857	315 / 485	127 / 236	71 / 121	27 / 81	1613 / 3030	53	
COTE D'IVOIRE	2794	147 / 165	178 / 198	114 / 134	157 / 221	134 / 151	88 / 88	96 / 100	56 / 63	14 / 31	14 / 20	18 / 18	65 / 65	1081 / 1254	86	
MALI	2402	27 / 44	11 / 11	4 / 4	10 / 21	24 / 31	78 / 107	134 / 182	199 / 315	134 / 190	53 / 101	16 / 73	6 / 20	696 / 1099	63	
TOGO	1626	37 / 121	30 / 43	44 / 63	30 / 72	40 / 109	35 / 66	79 / 173	47 / 71	135 / 156	114 / 277	119 / 265	110 / 346	820 / 1762	47	
UGANDA	1455	6 / 7	1 / 6	27 / 36	110 / 197	295 / 596	160 / 242	84 / 124	35 / 44	57 / 61	17 / 22	19 / 26	11 / 13	822 / 1374	60	
BENIN	1427	98 / 112	38 / 41	15 / 19	74 / 79	28 / 30	17 / 18	4 / 10	18 / 22	38 / 39	88 / 91	133 / 193	178 / 201	729 / 855	85	
MAURITANIA	562	2 / 2	1 / 1	1 / 1	7 / 10	6 / 6	8 / 11	34 / 55	107 / 133	65 / 91	42 / 46	23 / 26	4 / 6	300 / 388	77	
ETHIOPIA	371	4 / 5	3 / 5	8 / 8	40 / 43	78 / 108	110 / 128	62 / 65	57 / 58	20 / 20	8 / 8	1 / 1	1 / 2	392 / 451	87	
CHAD	127	2 / 2	2 / 2	6 / 6	1 / 1	1 / 1	4 / 4	0 / 3	6 / 6	0 / 0	0 / 0	0 / 0	0 / 0	22 / 25	88	
YEMEN	62	0 / 0	0 / 0	0 / 0	1 / 1	2 / 4	1 / 1	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	0 / 0	4 / 7	57	
SENEGAL	19	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 3	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	4 / 4	100	
CAMEROON**	17	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	7 / 7	2 / 3	5 / 5	2 / 2	1 / 1	0 / 0	18 / 19	95	
INDIA	9	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-	
TOTAL*	152805	4841 / 6979	3724 / 4734	7700 / 11515	4578 / 9617	5542 / 10603	4170 / 6067	4465 / 6670	4031 / 6659	2839 / 4650	2011 / 3227	2338 / 3872	2028 / 3259	48267 / 77852	62	
% CONTAINED		69	79	67	48	52	69	67	61	61	62	60	62	62		

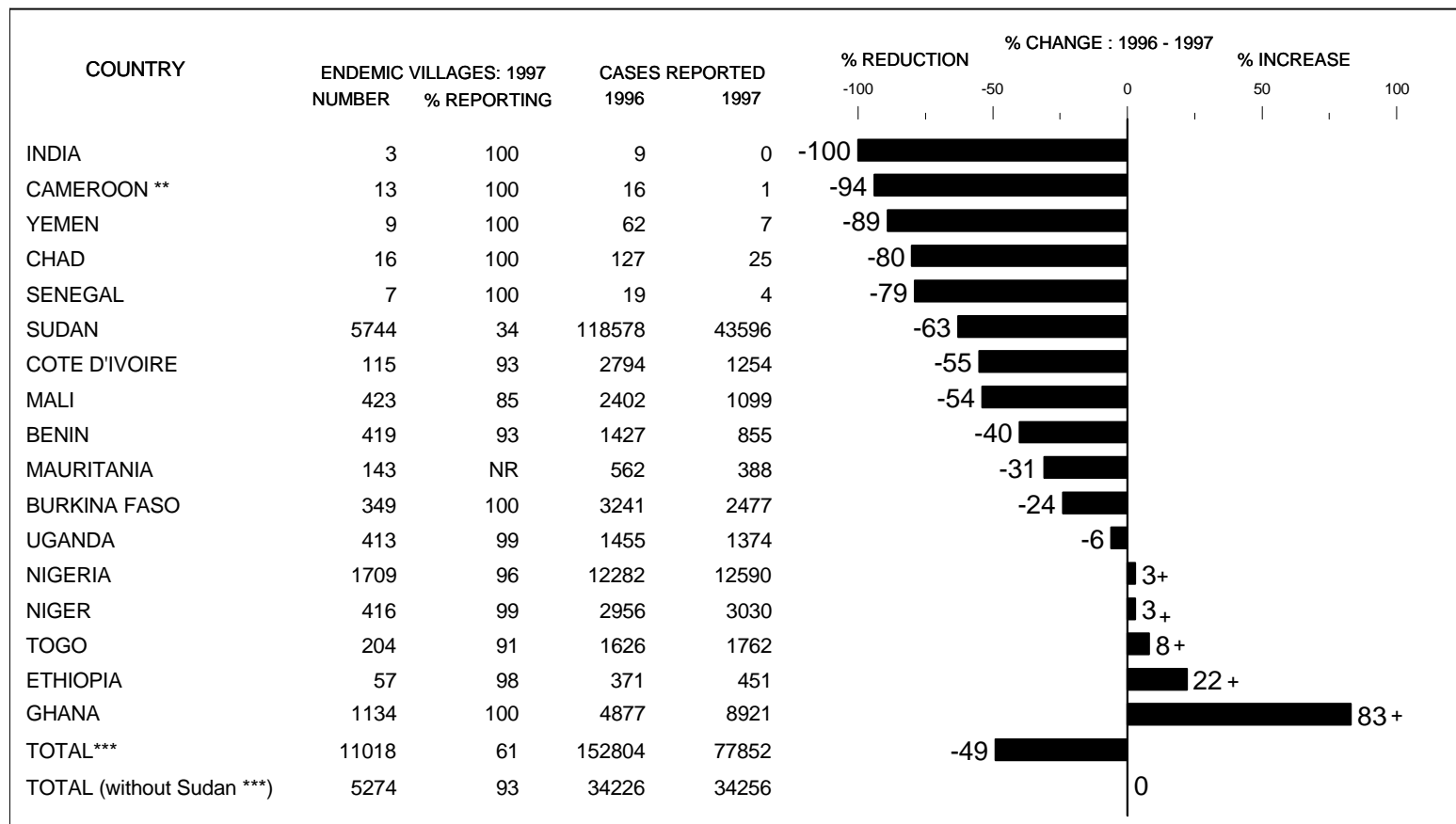
* Provisional

** Reported 18 cases imported from Nigeria.

DISTRIBUTION BY COUNTRY OF 77,852 CASES OF DRACUNCULIASIS REPORTED DURING 1997*



**PERCENTAGE OF ENDEMIC VILLAGES REPORTING
AND PERCENTAGE CHANGE IN NUMBER OF CASES OF DRACUNCULIASIS
DURING 1996 AND 1997*, BY COUNTRY**



* Includes 18 cases imported into Cameroon from Nigeria

** Reported 18 cases imported from Nigeria

*** Includes 18 cases imported into Cameroon in 1997

NR Not Reported

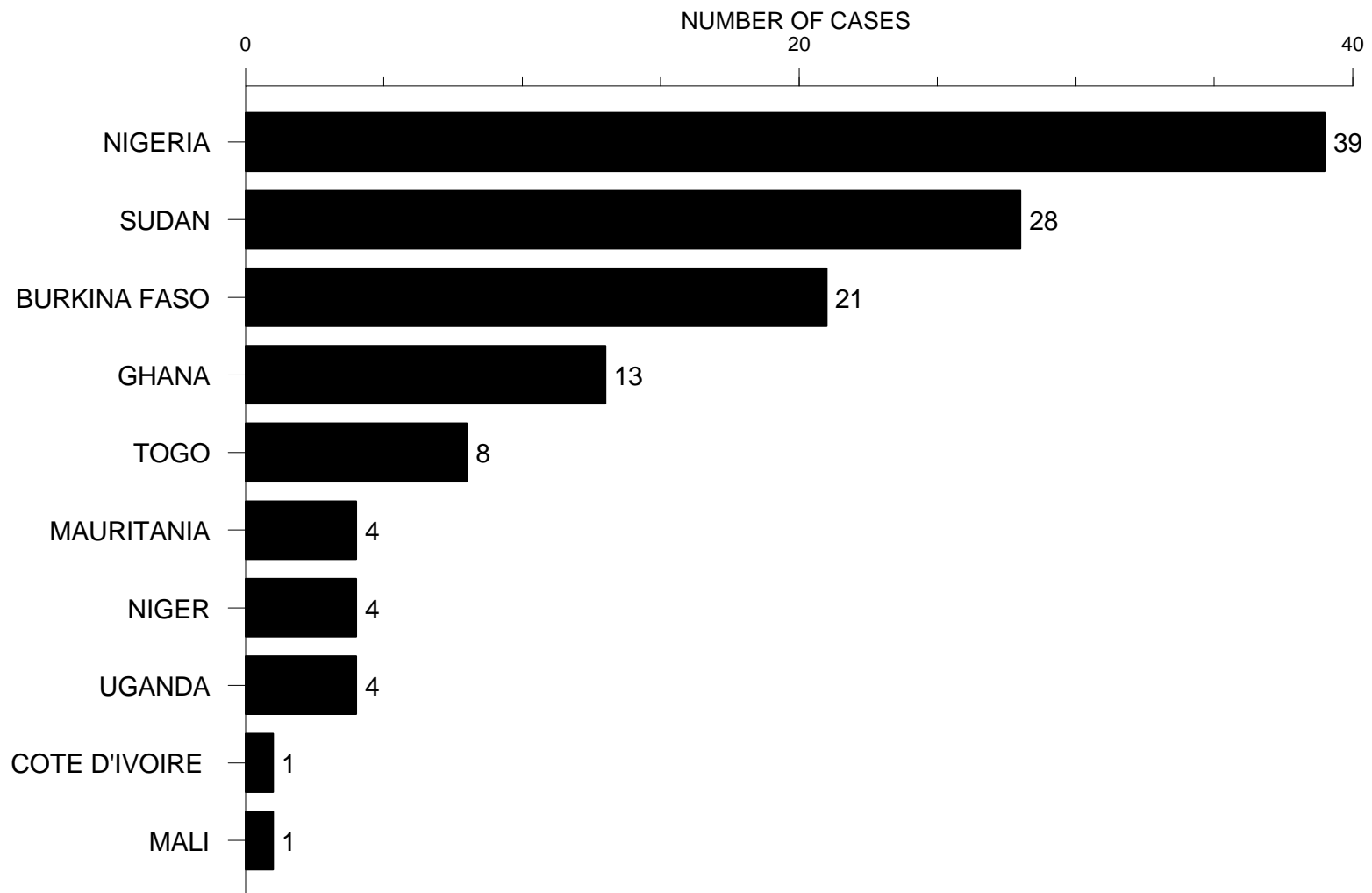
Number of Endemic Villages by Country and % Change:1996-1997*

Country	Number endemic		% Change 1996 - 1997
	as of 1/1/97	as of 1/1/98	
Sudan	5114	5744	12
Nigeria	1353	1136	-16
Ghana	602	765	27
Burkina Faso	337	211	-37
Niger	416	396	-5
Cote d'Ivoire	216	115	-47
Mali	430	269	-37
Togo	249	204	-18
Uganda	327	244	-25
Benin	325	212	-35
Mauritania	142	83	-42
Ethiopia	57	45	-21
Chad	12	10	-17
Yemen	7	5	-29
Senegal	7	1	-86
Cameroon	13	1	-92
India	3	0	-100
Total	9610	9441	-2
Total without Sudan	4496	3697	-18

Dracunculiasis Eradication Campaign
Reported Importations of Cases of Dracunculiasis: 1997

From	To	Month	Cases			
			Number	Contained	Cross notified	
Burkina Faso	Mali	January	2	2	0	
		June	1	1	1	
		July	3	0	3	
		Sept.	2	0	2	
		October	1	0	1	
		December	2	0	?	
	Côte d'Ivoire	May	1	1	1	
		August	6	6	6	
	Niger	May	1	0	1	
		July	1	0	0	
Ghana	Sept.	1	1	1		
Côte d'Ivoire	Mali	June	1	1	0	
	Burkina Faso	July	1	?	?	
Ghana	Togo	January	3	1	3	
	Benin	??	10	10	10	
Mali	Burkina Faso	May	1	?	?	
Mauritania	Mali	October	2	2	2	
		November	2	0	2	
Niger	Nigeria	July	1	1	1	
	Mali	July	2	0	0	
		October	1	0	1	
Nigeria	Niger	March	1	1	1	
		April	2	2	2	
		June	1	1	0	
		July	8	1	8	
		August	1	1	1	
		Sept.	1	1	1	
		October	2	2	?	
	Cameroon	June	1	0	1	
		July	7	7	7	
		August	3	3	3	
		Sept.	5	5	5	
	October	2	2	?		
	Togo	February	4	4	0	
	Benin	November	1	1	1	
??		2	2	2		
Togo	Ghana	January	3	3	3	
		March	1	1	1	
		October	1	1	1	
		November	1	1	1	
	Benin	??	2	2	2	
Sudan	Uganda	March	3	3	3	
		July	6	3	6	
		August	3	2	3	
		October	1	0	1	
		November	1	0	1	
		December	1	0	1	
	Ethiopia	February	2	2	0	
		March	2	2	2	
		April	1	1	0	
		May	2	0	2	
		August	2	2	0	
		Sept.	2	2	0	
		October	1	1	1	
	Kenya	August	1	1	1	
	Uganda	Kenya	January	1	1	0
			June	2	2	0
July			1	1	0	
Total			124	88	96	

DISTRIBUTION BY COUNTRY OF ORIGIN OF 124 IMPORTED CASES OF DRACUNCULIASIS DETECTED IN OTHER COUNTRIES DURING 1997



SUDAN: SOME PROGRESS IN NORTH AND SOUTH



The ten northern states of Sudan have recorded a reduction of 62% in cases in 1997, compared to 1996, with an average reporting rate of 74% in 1997. In these 10 states, 91% of cases were reported to have been contained in 1997. More than half (61%) of the cases in the ten states were reported from West Kordofan. Two of the ten northern states (Gazira and North Kordofan) reported no cases in 1997. The Government of Sudan (GOS) allocated about 350 million Sudanese pounds (~\$214,000) to this program in 1997. Dr. Jason Weisfeld consulted with the program from February 17 to April 9, in both GOS- and OLS-accessible areas, on behalf of The Carter Center/Global 2000.

In endemic southern areas, ACROSS, working in Bor County (Jongoli State), recorded an 87% decrease in cases (from 9,513 cases in 1996 to 1,194 cases in 1997), while keeping reporting rates at the same level. [If this can be achieved in a “war zone”, why not elsewhere?]. OXFAM, working in Rumbeck County (El Buheirat/Lakes State), recorded a reduction of 56% in cases there over the same period (from 12,551 cases in 1996 to 5,456 cases in 1997). A total of 589,096 filters were distributed in the entire country in 1997, resulting in full coverage of 30% of known endemic villages.

GHANA: CONTINUED REDUCTIONS OF CASES IN NORTHERN REGION



The GWEP of Ghana notes that the reported incidence of dracunculiasis in the country was reduced by 24% in January 1998 compared to January 1997, and by 55% in February 1998 compared to February 1997. These declines have been led by dramatic reductions of over 90% in transmission of the disease in district capitols of the Northern Region, primarily as a result of vector control with Abate beginning early last year. The president of the Hilton Foundation, Mr. Donald Hubbs, and the vice-president of World Vision, Dr. Cary Paine, will visit Savelugu early in April to help consider options for provision of safe water to that key endemic town.

Dr. Andrew Seidu Korkor, senior medical officer (public health) of the Northern Region, has been appointed as the Deputy Coordinator of Ghana's Guinea Worm Eradication Program as of late March. ***Congratulations ! ! !***

UGANDA: KAP SURVEY CONDUCTED



Ms. Sue McLaine, graduate student of the Rollins School of Public Health at Emory University in Atlanta, conducted 335 interviews in Kotido and 150 in Moroto (from 20 villages in each District) as part of a Knowledge-Attitude-Practices (KAP) survey. Preliminary observations indicate that where villagers knew their Guinea worm village volunteer, knowledge about the disease and its prevention was high. People who admitted to having entered sources of drinking water when their Guinea worms were emerging were found only in villages in which knowledge about the disease and its prevention was low and where residents did not know the village volunteer. Most people interviewed admitted knowing, if nothing else, that they should not enter sources of drinking water while Guinea worms were emerging.

During 1997, twice as many women from Kotido were infected with Guinea worms as were men. Given the preponderance of cases among females (mothers and young girls), special health education sessions are being instituted to sensitize this group and to stimulate women to participate actively in the program. The eradication program in Kotido District is re-training village volunteers and mobilizing communities

by sensitizing village elders, training village leaders, both men and women, about dracunculiasis and its eradication. A total of 60 (62%) of 97 endemic villages in Kotido have one or more sources of safe drinking water.

Preliminary observations from Moroto District indicated that knowledge about the eradication program, about dracunculiasis, and about its prevention was lower than in Kotido. In Moroto, 33 (56%) of 59 endemic villages have one or more safe sources of drinking water. In February 1998, UNICEF began drilling 21 borehole wells in endemic villages of that district. Villagers in Moroto felt confident that borehole wells alone would prevent dracunculiasis.

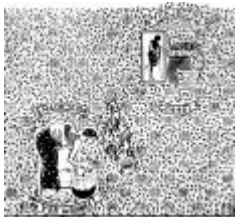
Several specific recommendations to national and district authorities, including increasing the number of women as village volunteers, and intensifying supervision, were made as a result of this study. The routine recording and reporting of the age and sex of cases of dracunculiasis by the Guinea Worm Eradication Program proved valuable in designing the questionnaires for this KAP study and directing program efforts to those at greatest risk.

U.S. PEACE CORPS VOWS TO INTENSIFY EFFORTS



An energetic delegation of Peace Corps Volunteers from nine endemic countries (Benin, Burkina Faso, Chad, Côte d'Ivoire, Ghana, Mali, Mauritania, Niger, and Togo), led by Mr. Scott Tobias from Peace Corps headquarters in Washington, DC, participated in the Seventh African Regional Conference in Bamako. During the conference, Mr. Tobias declared that the Peace Corps is seeking ways to increase its participation with national Guinea Worm Eradication Programs in all endemic countries where its Volunteers are serving. Among the participants were Mr. Ian Moises, who recently began assisting the national coordinator of Côte d'Ivoire, and Mr. Brent Silvers, who contributed to the exhibit a new filter that is designed to accommodate large containers used by households for storing drinking water in Bondoukou, Côte d'Ivoire.

IN BRIEF:



Burkina Faso. According to Dr. Mathias Hien of the OCCGE, this program plans to convene a meeting in Ouagadougou in early April with representatives of major partner agencies to discuss a revised national Plan of Action and budget. In 1997, the program distributed 3,600 bolts of a new "Guinea worm cloth", produced by Faso Fani.

Cameroon. Dr. Dama Mana, regional program coordinator, reports that the single indigenous case of dracunculiasis reported in 1997 occurred in a 39-year old man, whose worm began emerging on October 30 in the village of Sirlawe (Guidiguis District, Extreme North Province). He had no known history of travel outside Cameroon. Sirlawe reported 6 cases in 1995, and 4 cases in 1996. A cross-border meeting with Chad was held on March 16 at Yagoua, Cameroon.

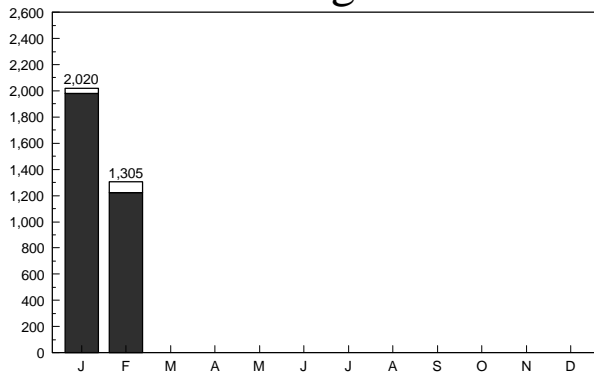
Ethiopia. Additional funding of almost \$93,000 has been provided to this program by the Embassy of Japan, through the Global 2000 office in Addis Ababa.

Nigeria. NIGEP marked its National Guinea Worm Eradication Day on March 25 with a ministerial address and press briefing in Abuja. Earlier the same week, the program convened the first National Task Force meeting in two or three years, and the second Steering Committee meeting of 1998. A cross-border meeting with Cameroon was held in Amchide, Cameroon, on February 4.

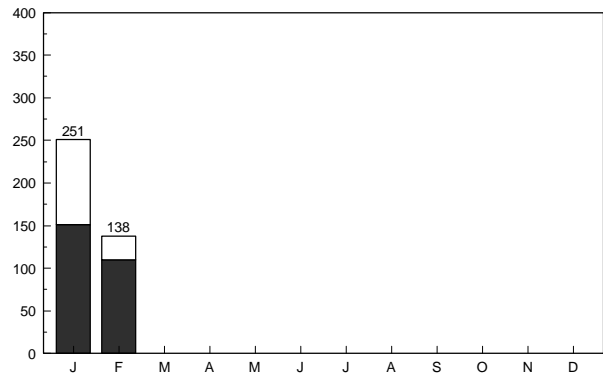
NUMBER OF CASES OF DRACUNCULIASIS REPORTED: 1998

(Number of cases reported that were contained are shaded black)

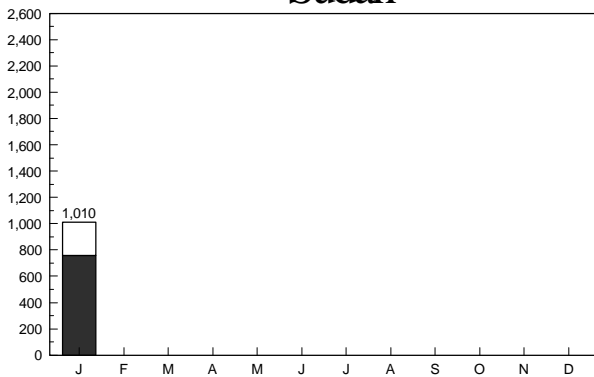
Nigeria



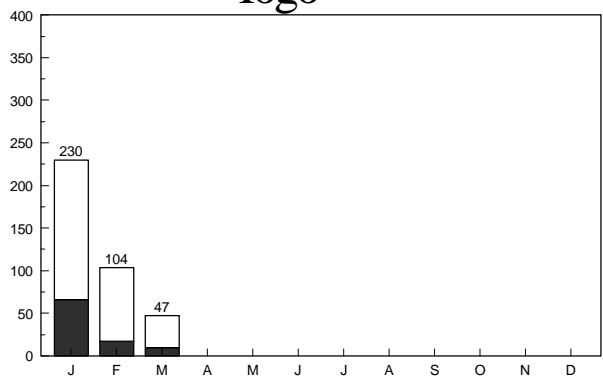
Côte d'Ivoire



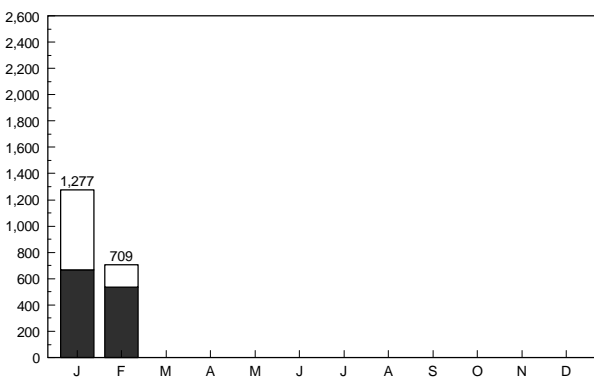
Sudan



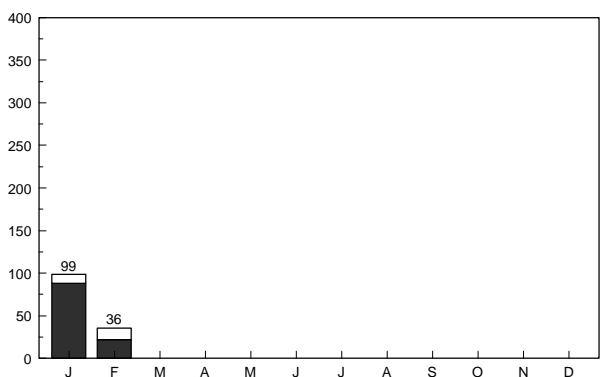
Togo



Ghana

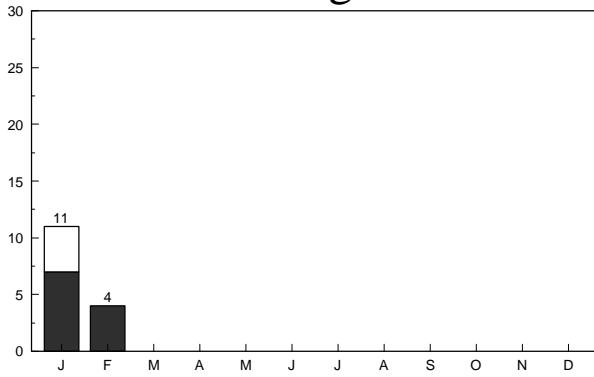


Benin

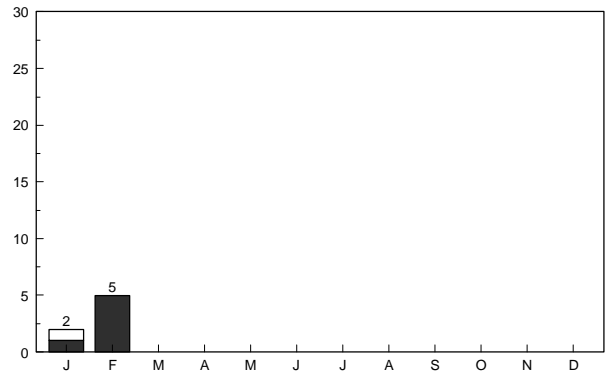


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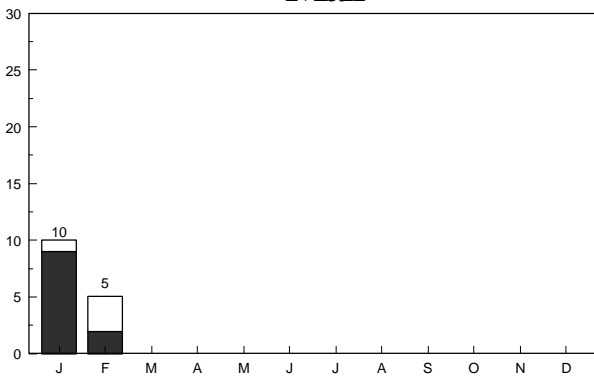
Niger



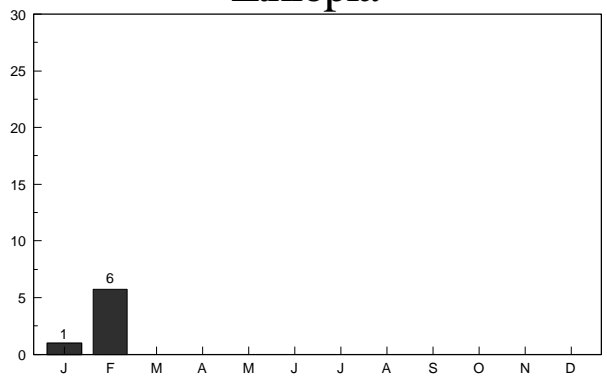
Burkina Faso



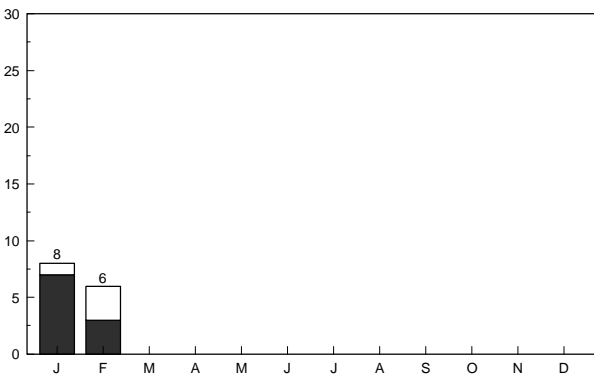
Mali



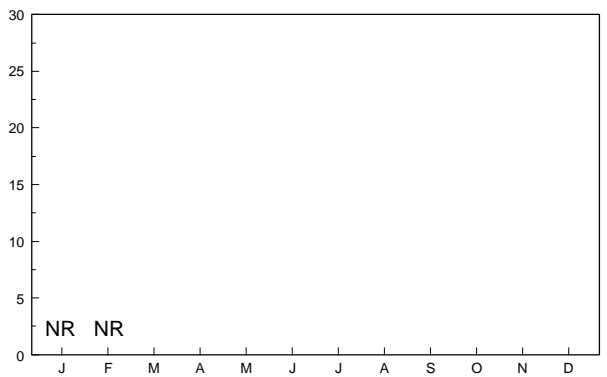
Ethiopia



Uganda



Mauritania



NR - No Reports

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(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1997)

COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SUDAN	254 / 1010	/	/	/	/	/	/	/	/	/	/	/	254 / 1010	25
NIGERIA	1982 / 2020	1224 / 1305	/	/	/	/	/	/	/	/	/	/	3206 / 3325	96
GHANA	670 / 1277	535 / 709	/	/	/	/	/	/	/	/	/	/	1205 / 1986	61
NIGER	7 / 11	4 / 4	/	/	/	/	/	/	/	/	/	/	11 / 15	73
BURKINA FASO	1 / 2	5 / 5	/	/	/	/	/	/	/	/	/	/	6 / 7	86
TOGO	66 / 230	17 / 104	10 / 47	/	/	/	/	/	/	/	/	/	93 / 381	24
UGANDA	7 / 8	3 / 6	/	/	/	/	/	/	/	/	/	/	10 / 14	71
COTE D'IVOIRE	151 / 251	110 / 138	/	/	/	/	/	/	/	/	/	/	261 / 389	67
MALI	9 / 10	2 / 5	/	/	/	/	/	/	/	/	/	/	11 / 15	73
BENIN	88 / 99	22 / 36	/	/	/	/	/	/	/	/	/	/	110 / 135	81
ETHIOPIA	1 / 1	6 / 6	/	/	/	/	/	/	/	/	/	/	7 / 7	100
MAURITANIA	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	-
CHAD	0 / 0	2 / 2	/	/	/	/	/	/	/	/	/	/	2 / 2	100
YEMEN	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	-
SENEGAL	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	0 / 0	-
CAMEROON**	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	0 / 0	254
TOTAL*	3236 / 4919	1930 / 2320	/	/	/	/	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	5166 / 7239	71
% CONTAINED	66	83											71	

* Provisional

RECOMMENDATIONS
7th African Regional Conference on Dracunculiasis Eradication

1. *All the endemic countries involved in the worldwide effort to eradicate dracunculiasis should:*
 - *ensure that this objective continues to be a national priority right until the final certification, and*
 - *ensure that this priority is reflected in the plans of action of the relevant ministries and national agencies.*
2. *The endemic countries should intensify the interventions needed to interrupt transmission in villages, hamlets and nomad camps; i.e.:*
 - *information, education and communication*
 - *early case detection, containment and reporting*
 - *distribution and promotion of the use of filters*
 - *treatment of contaminated and suspected ponds with Abate*
 - *supervision*
 - *monitoring and evaluation*
 - *water supply*
3. *The endemic countries should increase the sensitivity of their surveillance systems, especially in nomadic communities and frontier zones, intensifying the detection, containment and reporting of cases and endemic villages, and also facilitating the exchange between countries of information on imported cases.*
4. *Eradication programs should speed up the mapping of villages and ponds in endemic areas.*
5. *Endemic countries should promote the integration of Guinea worm eradication activities in the context of health services at the various administrative levels, giving particular attention to the community level. This strategy should not compromise or delay the eradication of dracunculiasis.*
6. *Endemic countries should intensify intra- and intersectoral collaboration, especially with veterinary services, with social and professional associations and with existing community networks, with a view to improving the early detection of cases and endemic villages.*
7. *Endemic countries should conduct operational and anthropological research with a view to improving their interventions in nomad communities and hamlets.*
8. *Countries should consider the means of maintaining the motivation of village health workers, avoiding financial incentives if they are likely to have negative effects on the eradication programs or on other development activities.*
9. *Cash reward systems can be useful to find cases of Guinea worm disease in the final phases of eradication. Each country should consider whether it is advisable to implement such a system, bearing in mind its potential positive and negative effects.*
10. *The programs' partners should continue and increase their participation in national Guinea worm eradication programs, under the coordination of the relevant endemic countries.*

11. The ministries involved, in collaboration with their partners, should lighten their administrative mechanisms, while protecting the resources specifically allocated to eradication programs, and releasing them in a timely manner so that national programs can implement all planned interventions appropriately.

12. Eradication programs should ensure that adequate resources are made available in good time to permit the implementation of measures to interrupt the transmission of Guinea worm disease.

13. Guinea worm eradication programs should encourage all willing parties, particularly the Peace Corps, other volunteer agencies and NGOs, to become more involved in Guinea worm eradication activities.

14. Water ministries in endemic countries should facilitate and accelerate the provision of water supplies to all endemic villages and, wherever possible, extend this coverage to endemic hamlets and camps.

* * * * *

PATRICK APOYA, ALHOUSSEINI MAIGA RECEIVE 1998 CARTER AWARDS



During the final day of the African Regional Conference in Bamako on April 3rd, former U.S. President Jimmy Carter presented a 1998 Jimmy and Rosalynn Carter Award for Guinea Worm Eradication to Mr. Patrick Apoya of Ghana “for outstanding dedication and achievement as Field Supervisor for dracunculiasis eradication activities, Northern Region, Ghana”. The awards, which were created by President and Mrs. Carter to recognize exceptional service to the eradication campaigns in Ghana and Nigeria, have been bestowed annually since 1992. An award for contribution to eradication efforts in francophone countries was also made for the first time at the ceremony in Bamako to Dr. Alhousseini Maïga of Mali “for outstanding dedication and achievement as officer in charge of dracunculiasis eradication, World Health Organization, Regional Office for Africa”.

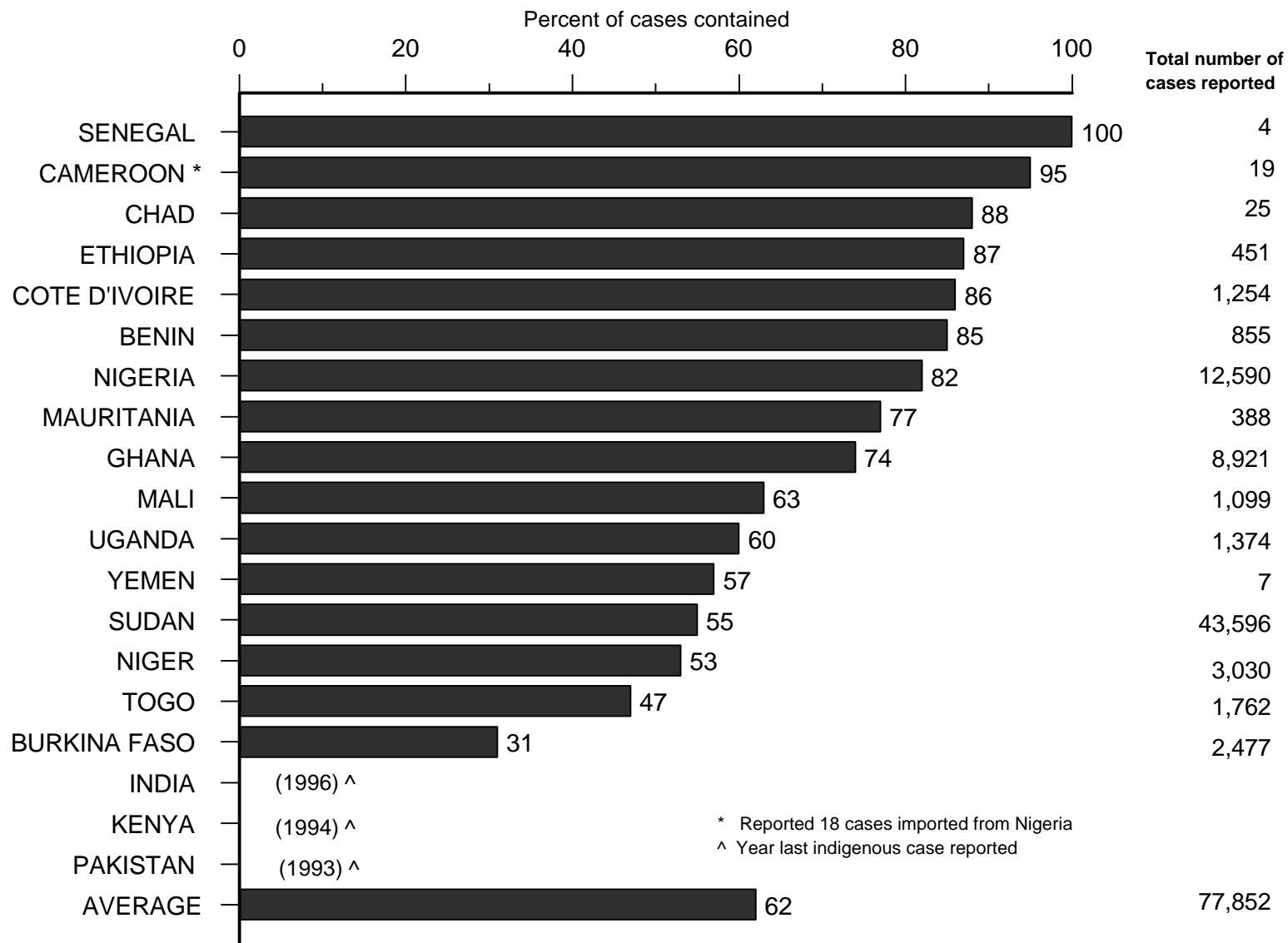
Well done, Patrick and Alhousseini !!!

PRESIDENT KONARE HONORS CARTER, HOPKINS, AGLE



In a dramatic ceremony with trumpet fanfares and military honor guard held at his official residence soon after the close of the African Regional Conference, President Alpha Oumar Konaré of Mali inducted former U.S. President Jimmy Carter, Carter Center associate executive director Dr. Donald Hopkins, and Global 2000 director of operations Mr. Andrew Agle into the National Order of Mali, the nation’s highest award which can be granted to a foreigner. President Carter was made a “Commander” of the Order, while Dr. Hopkins and Mr. Agle were made “Knights” (Chevalier) for their roles in leading the global campaign to eradicate this disease.

PERCENT OF CASES OF DRACUNCULIASIS CONTAINED DURING 1997 BY COUNTRY



RECENT PUBLICATIONS



CDC, 1998. Imported dracunculiasis - United States, 1995 and 1997. MMWR, 47:209-211.

Joshi V, Singhi M, Chaudhary RC, 1997. Studies of dracunculiasis in the Indian Desert. J Arid Environ, 37:181-191.

Stephenson J, 1998. A farewell to harms: experts debate global disease eradication efforts. JAMA, 279:897-899.

*Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.
In memory of BOB KAISER.*

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