

DISTR. : LIMITED
DISTR. : LIMITÉE

WHO/FIL/96.188

ORIGINAL: ENGLISH

**CERTIFICATION OF
DRACUNCULIASIS ERADICATION**

CRITERIA, STRATEGIES, PROCEDURES

A PRACTICAL GUIDE



WORLD HEALTH ORGANIZATION

DIVISION OF CONTROL OF TROPICAL DISEASES

1996

This document is not issued to the general public, and all rights are reserved by the World Health Organization (WHO). The document may not be reviewed, abstracted, quoted, reproduced or translated, in part or in whole, without the prior written permission of WHO. No part of this document may be stored in a retrieval system or transmitted in any form or by any means - electronic, mechanical or other - without the prior permission of WHO.

The views expressed in documents by named authors are solely the responsibility of those authors.

Ce document n'est pas destiné à être distribué au grand public et tous les droits y afférents sont réservés par l'Organisation mondiale de la Santé (OMS). Il ne peut être commenté, résumé, cité, reproduit ou traduit, partiellement ou en totalité, sans une autorisation préalable écrite de l'OMS. Aucune partie ne doit être chargée dans un système de recherche documentaire ou diffusée sous quelque forme que ce soit - électronique, mécanique, ou autre - sans l'une autorisation préalable écrite de l'OMS.

Les opinions exprimées dans les documents par des auteurs cités nommément n'engagent que lesdits auteurs.



CERTIFICATION OF DRACUNCULIASIS ERADICATION¹

CRITERIA, STRATEGIES, PROCEDURES

CONTENTS	Page
1. INTRODUCTION.....	2
2. DEFINITIONS.....	3
3. IDENTIFICATION OF <i>DRACUNCULUS</i> SPECIES AND INFECTIONS OF ANIMAL ORIGIN.....	3
4. CERTIFICATION CRITERIA AND STRATEGIES	
A) Countries endemic for dracunculiasis.....	4
B) Countries at the pre-certification stage.....	5
C) Countries at the certification stage.....	6
5. CERTIFICATION PROCEDURES.....	6
5.1 At national level.....	6
5.2 At international level.....	9
6. STEPS IN THE CERTIFICATION PROCESS.....	10
7. REFERENCES.....	10
TABLE 1: Provisional list of 70 countries and territories with a history of dracunculiasis in humans.....	11
ANNEX 1 Check list for country certification report.....	14

¹ This is a practical document on the certification of dracunculiasis eradication. It is based on the report of an informal consultation of the Division of Control of Tropical Diseases, WHO, Geneva, 19-21 February 1990 on the criteria for the certification of dracunculiasis eradication which was issued under the reference WHO/FIL/90.185.

1. INTRODUCTION

Dracunculiasis (or guinea worm disease) is a disease endemic in certain communities without access to safe sources of drinking-water and which has serious adverse effects on health, agricultural production and school attendance. Absent from Pakistan since 1993, dracunculiasis still occurs in India and Yemen, where 10 million people are considered at risk.

The disease is also found in 16 countries of East and West Africa where an estimated 120 million persons are at risk of infection. In the past years, it was estimated that approximately 2 to 3 million persons contracted the disease each year.

In the early part of the twentieth century, human dracunculiasis disappeared spontaneously from a number of countries where it had been endemic. During the African slave trade dracunculiasis was introduced in several countries of mainland North, Central and South America but subsequently disappeared spontaneously. Dracunculiasis was eradicated in Uzbekistan in the 1920s and in Iran around the end of the 1970s. In India, in 1996, only 3 villages of the Rajasthan State were found to be endemic, reporting together a total of 9 cases.

In 1996, 129 903 cases of dracunculiasis were reported to the World Health Organization through October. More than 99.9% of all reported cases occur on the African continent and 77% of them in Sudan. A global campaign to eradicate dracunculiasis was started in the early 1980s in the context of the United Nations International Drinking Water Supply and Sanitation Decade (1981-1990).

The regional conference on dracunculiasis eradication for countries of the WHO Eastern Mediterranean Region, held in 1989, recommended that WHO should develop criteria for certification of dracunculiasis eradication from formerly endemic countries. It was stressed that these criteria were urgently required for the Eastern Mediterranean Region and also for South-East Asia and Africa.

The resolutions of the World Health Assembly in 1986, 1989, and 1991, clearly indicate the importance given by Member States to dracunculiasis eradication. In 1991 it was felt that 1995 could be the target date to achieve the goal providing appropriate political, social and economic support *be available*, and it was proposed that certification of eradication at the global level should occur by the end of the 1990s. Unfortunately, conditions specified to reach interruption of transmission were not fulfilled in many endemic countries and in spite of the enormous efforts made the deadline for eradication could not be met.

The purpose of the present paper is to describe criteria and procedures for verifying the absence of dracunculiasis transmission and for certifying its eradication from formerly endemic countries. Standard criteria for certification are essential:

- to ensure international credibility for the expected, future claim that dracunculiasis has been eradicated from an area,
- to have a formal mechanism for judging the success of recent national dracunculiasis eradication programmes,

- to have a standard, effective procedure to identify and eradicate any previously unknown foci of transmission,
- to help investigate rumoured or sporadic occurrences of the infection in unconfirmed potentially endemic areas.

There must be an objective basis, according to agreed criteria, for determining whether dracunculiasis has indeed been eradicated; the criteria must take into account the risk of importation of the disease from neighbouring countries as well as the need for maintaining surveillance. It is expected that certification of eradication of dracunculiasis for individual countries will be conducted until the final goal of certifying global eradication of dracunculiasis is achieved.

2. DEFINITIONS

A case of dracunculiasis is defined as an individual exhibiting or having a history of a skin lesion with emergence of a guinea worm (WHO, 1988). A recent history (within one year) of a skin lesion with emergence of a guinea worm is the only time-frame which must be used in surveillance programmes.

Local eradication of dracunculiasis is the confirmed absence of clinical illness, indicating the interruption of transmission of *Dracunculus medinensis* in man, for three years or longer, from a sizeable geographical unit such as a country, with such a low risk of reintroduction of the parasite that preventive measures could be reduced to a strict minimum.

World-wide eradication of dracunculiasis is the confirmed absence of clinical manifestations, indicating the interruption of transmission of *Dracunculus medinensis* in man, for three years or longer world-wide.

3. IDENTIFICATION OF *DRACUNCULUS SPECIES* AND INFECTIONS OF ANIMAL ORIGIN

No animal reservoirs of infection have ever been identified, although infections allegedly caused by *Dracunculus medinensis* have been reported from a wide variety of animals in many parts of the world. However, there is no evidence that either domestic or wild animals act as reservoir hosts capable of transmitting the infection to man. World-wide, only two documented transmission of *Dracunculus medinensis* from animals to man have been described, one in Korea (1926) and another in Japan (1986) where there is no record of the existence of human dracunculiasis foci. Both occurrences was a history of human ingestion of uncooked loaches, a small fresh-water fish, predators of copepods. There was no subsequent transmission to other humans in either case. These observations justify the hope that eradication can be achieved.

4. CERTIFICATION CRITERIA AND STRATEGIES

The reliability of certification of dracunculiasis eradication will depend on the lapse of time since the last known indigenous case and on the intensity and effectiveness of surveillance procedures. Surveillance is a continuous process which should start during a national eradication programme and be continued for three years beyond the occurrence of the last known indigenous case, such period shall be sufficient to judge whether or not eradication has been achieved. In countries where a longer period has elapsed since the last known case of the disease, without there having been specific searching for dracunculiasis, it must not be considered that a less sensitive surveillance will be sufficient to detect transmission.

Certification criteria proposed are based on the status of dracunculiasis in different countries, which are, for practical purposes, classified in three major groups: (Group A) countries endemic for dracunculiasis, (Group B) countries where less than 3 years have elapsed after zero case has been reached (at pre-certification stage), (C) countries where 3 or more years have elapsed since the last case was reported or countries well known never to have had dracunculiasis (at certification stage), this last group is further divided in two subgroups: those where the data obtained is uncertain making it unclear if guinea worm transmission has effectively and definitely been interrupted and those which are well known to have had no transmission for many decades (including Republic of Korea and Japan where exceptional transmission have occurred, see explanation in Section 3). The list of the countries in the world belonging to each group in 1996 is in Table 1 which will be regularly updated as new information becomes available.

Three principal mechanisms have been established to facilitate certification efforts:

- an International Commission for the Certification of Dracunculiasis Eradication (ICCDE) which is made up of 12 independent public health experts from all regions of the world. The commission is charged with the evaluation of the evidence presented by countries claiming to be dracunculiasis-free and seeking WHO certification of eradication. The commission has developed certification strategies, guidelines and criteria which WHO follows for the process of certifying dracunculiasis eradication (see Annex 1).
- a certification cell within the WHO dracunculiasis eradication programme serves as a secretariat to the ICCDE and is responsible for the implementation of recommendations and decisions of the commission, and implements daily activities of the certification process, using external consultants, temporary advisers and International Certification Teams (ICT).
- the composition of a world-wide panel of experts from which International Certification Teams (ICT), consultants and advisers are selected. The aim of ICTs is to visit countries that have requested certification and have submitted appropriate evidence demonstrating that dracunculiasis transmission has been interrupted on their territory.

Group A - Countries endemic for dracunculiasis

This group of countries are those where dracunculiasis transmission occurs and where surveillance and control operations are essential. This group of countries is not immediately concerned by the certification process. However, in these countries it is essential to:

- enhance the sensitivity of case detection nation-wide by maintaining a high degree of public awareness of dracunculiasis and its eradication. Awareness campaigns must be monitored periodically to assess coverage and comprehension of messages, particularly in remote rural areas where potential risk for transmission of dracunculiasis is thought to be highest.
- maintain compulsory notification of cases of dracunculiasis by all units (i.e., primary health care posts, health centres, and hospitals) of the national disease-surveillance system.
- maintain a village-based surveillance and containment programme in all villages presently and formerly affected by dracunculiasis.
- maintain a register in all endemic villages of dracunculiasis infections, and indicate for each confirmed case that it was either imported, by tracing the case to its origin, or indigenous.
- integrate surveillance of dracunculiasis with other diseases or other health and development activities¹.

Group B - Countries at the pre-certification stage

This group of countries are those of Group A which have just reached zero reporting of cases and where a reliable and extensive surveillance system is maintained. The pre-certification stage surveillance activities must be sustained during three full years. In these countries it is essential that:

- the sensitivity of case detection nation-wide be maintained by sustaining a high degree of public awareness of dracunculiasis and the risk it represents. Surveillance can be sustained by:
 - stressing the importance and need of reporting cases of dracunculiasis

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_30659

