



Guidelines for Health Education and Community Mobilization in Dracunculiasis Eradication Programs



CDC
CENTERS FOR DISEASE CONTROL



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PREFACE

Based on documented evidence that dracunculiasis (Guinea worm disease) can be eradicated, an international goal has been set for the eradication of the disease by 1995.¹ To realize this public health goal, the first priority is to define the location and incidence of dracunculiasis in each affected country and establish and implement national eradication action plans. These plans are the basis for coordinating the efforts of multiple sectors at the national, regional,* and community levels in countries where dracunculiasis is endemic.

Health education and community mobilization are essential components of a national dracunculiasis eradication program for three reasons: (1) helping affected villagers to help themselves is the guiding philosophy of dracunculiasis eradication programs, (2) health education constitutes the primary means through which people can develop the inclination and capacity to take effective preventive actions against this disease, and (3) community mobilization promotes awareness and active participation in all stages of program planning and implementation which, in turn, promotes the long-term reinforcement needed for eradication.

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Of the three main interventions to prevent dracunculiasis (the provision of a safe water supply, health education/community mobilization, and chemical control of copepod populations), health education/community mobilization is the most important. Not only is it the vehicle through which people learn how to protect themselves from the disease, it also mobilizes support of the other two modes of intervention. For these reasons, health education/community mobilization should be introduced into every endemic community as quickly as possible.

This document is divided into two parts. Part I, the Introduction, consists of two chapters: Chapter 1 gives a description of dracunculiasis, its effects, and some approaches that have been effective in preventing and eradicating the disease. In Chapter 2 the terms health education and community mobilization are defined within the context of a dracunculiasis eradication program. Part II, Leadership Actions, consists of three chapters: Chapter 3 describes the key roles and suggested actions that need to be carried out by those responsible for assuring the effective planning, implementation and evaluation of health education and community mobilization at the national level. Chapters 4 and 5 outline the

*Hereafter, the term "regional" throughout this document will refer to those jurisdictional and geographic sectors that serve as the link between the national level and the local level: the community or village. Depending upon the country, "regional" activities may refer to actions carried out by a state, province, district, sector, or local government area (LGA).

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roles and suggested actions for health education and community mobilization at the regional and local levels, respectively.

These guidelines for health education and community mobilization are intended to be used in conjunction with three other sets of guidelines developed by the World Health Organization Collaborating Center for Research, Training, and Eradication of Dracunculiasis at the U.S. Centers for Disease Control*:

- *Guidelines for Developing a Plan of Action for Dracunculiasis Eradication Programs*
- *Guidelines for Surveillance in Dracunculiasis Eradication Programs*
- *Guidelines for Chemical Control of Copepod Populations in Dracunculiasis Eradication Programs*

Although presented here in the context of the prevention and eradication of dracunculiasis, community mobilization and health education are integral elements of **any** responsible prevention and control program. Therefore, by committing resources and policies to support community mobilization and health education for the eradication of dracunculiasis, political leaders will be simultaneously creating or strengthening the infrastructure needed to address other priority public health problems effectively.

*See Annex 1 for a brief description of these guidelines and instructions for obtaining them.



PART I: INTRODUCTION

Chapter 1. DRACUNCULIASIS: THE PROBLEM AND IMPACT

Dracunculiasis is an indicator of poverty, primarily affecting inhabitants of poor rural areas without access to safe sources of water.

Dracunculiasis affects an estimated 3 to 5 million persons per year, with 140 million people at risk in Africa and Asia. It is caused by the parasite, *Dracunculus medinensis*, and transmitted by the ingestion of water containing cyclopoid copepods (the intermediate host), which harbor the infective stage of the parasite. The disease incapacitates its victims and is very painful.

The transmission of the disease can be effectively interrupted by uncomplicated interventions. Adult cyclopoid copepods (small water fleas or "cyclops") are 1-3 millimeters long, visible to the naked eye, and can be filtered out of drinking water with a piece of cloth. In communities with clean, protected water supplies that community members routinely use, the disease is nonexistent. In affected countries, the relationship between unsafe water sources and dracunculiasis is so close that the incidence of the disease can be used as an indicator of the success of water supply projects in affected areas.

During the one-year incubation or growing period in the human host, the adult female worm moves to a position under the skin of the afflicted person. Then the parasite causes a painful blister to form, usually on the lower leg or foot. When the person immerses the affected body part in water, the blister breaks, and the worm is exposed releasing hundreds of thousands of tiny first-stage larvae into the water. The adult female worm is capable of releasing larvae on repeated exposures to water.

Some of the larvae deposited in the water are ingested by the copepods where they live and develop into third-stage larvae after 10-14 days. Only these third-stage larvae are infective to people.

After people drink water containing infected copepods, gastric juices in the stomach kill the copepods, allowing the infective larvae to escape. These larvae migrate to the small intestine, penetrate through the intestinal wall and live in the abdomen. Male and female larvae reach maturity after about 90-120 days, when mating occurs. Thereafter, the female continues to grow into an adult worm. During this time the adult female moves toward the lower limbs and emerges after about 10-14 months.

It usually takes several weeks for the afflicted person to completely extract the worm. During this time the person is disabled or in pain, often from infection resulting from the worm as it emerges from an abscess or from inflammation of the joints. Secondary bacterial infections are common



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and usually prolong and complicate recovery. Tetanus can develop, as well as frozen joints and permanent crippling. The worms do not survive in people for more than one year. They either surface through the skin and are extracted, or die inside the body.

Dracunculiasis is an indicator of poverty, primarily affecting inhabitants of poor rural areas without access to safe sources of water. It is well documented that the disease incapacitates able workers for long periods depending upon the number of worms and where they emerge. Studies comparing the effects of the disease on school-age children reveal that where dracunculiasis is endemic, pupils miss up to 25 percent of the school year compared to 2.5 percent in non-endemic areas.² Similarly, many farmers are unable to plant or harvest their crops, and mothers are prevented from nursing or caring for their young children because of the disease.³

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