

symptoms of onchocerciasis with microfilarial load and antibodies against specific recombinant antigen. From this study we expect to gain new insights into the impact of onchocerciasis in this region and provide data for the local health care workers to aid in treatment of infected individuals and to control infection.

225 PROGRESS IN THE GHANA GUINEA WORM ERADICATION PROGRAM. Bugri SZ*. Medical Director, Northern Region, Ministry of Health, Ghana.

As part of the global effort to eradicate dracunculiasis (Guinea worm disease), Ghana began its eradication program in 1988. The program developed a plan of action and set a target date for eradication of the disease in Ghana by the end of 1993. A national village-by-village case search in 1989 enumerated 179,556 cases of the disease, in 6,873 villages. Previously, routine surveillance had recorded less than 5,000 cases annually. The program trained at least one village-based health worker in each of the endemic villages to report cases monthly, conduct health education of villagers, distribute cloth filters, and help provide topical treatment of lesions. Other important intervention strategies include priority provision of new sources of safe drinking water to affected villages, and vector control using temephos (Abate). Surgical extraction of mature pre-emergent worms has recently been introduced. The percentage of endemic villages being reached by each of these measures is being monitored by district, region and nationally. Only 33,464 cases were reported in 1992, in 3,185 villages. Health workers in over 90% of endemic villages regularly submit reports of cases within thirty days of the end of the reporting month. Ghana is confident it will eradicate dracunculiasis by the global target date of 1995.

226 RAPID ASSESSMENT OF ONCHOCERCIASIS IN CAMEROON: A STUDY IN SAVANNA AND IN FOREST-SAVANNA MOSAIC. Boussinesq M, Prod'hon J, and Chippaux JP*. Antenne ORSTOM, Centre Pasteur, Yaounde, Cameroon.

The prevalence of nodules and the prevalence of leopard skin are recommended to consider large scale ivermectin treatment in communities with *Onchocera volvulus*. We compared the relationships between clinical and parasitological indices in two endemic areas in Cameroon. The study was conducted in 23 villages of savanna area and in 27 vilages of forest-savanna mosaic area. Three parasitological indicators were calculated: the community microfilarial load (CMFL) and the prevalence of microfilaria both in the population above 5 years old (PMFP) and males aged 20 years old and over (PMFM). Four clinical indicators have been measured: the prevalence of nodules and the prevalence of leopard skin, in both the population above 5 years old (PNP and PLSP) and males aged 20 years and over (PNM and PLSM). In savanna, the PNP and the PNM were closely related to the CMFL ($P < 10^{-2}$) and to the PMFP and the PMFM ($P < 0.05$). The PLSM was only related to the CMFL ($P < 0.05$). In the forest-savanna mosaic area, the PNP and PMFM ($P < 10^{-3}$). The PLSP and the PLSM were related to the CMFL and the PMFP ($P < 10^{-3}$). WHO proposes that large scale ivermectin treatment should be considered urgent in communities in which the CMFL is higher than 10 microfilariae per snip. This threshold corresponds to PNP and PNM values of 30 and 50% respectively in the savanna area and 48 and 65% in the forest-savanna mosaic area.

227 SUPPRESSION OF CELLULAR IMMUNE RESPONSIVENESS IN RHESUS MONKEYS EXPERIMENTALLY INFECTED WITH *LOA LOA*. Osae-Addo GA*, Dennis VA, and Lasater BL. Department of Parasitology, Tulane Regional Primate Research Center, and Covington, LA; and Department of Tropical Medicine, Tulane School of Public Health and Tropical Medicine, New Orleans, LA.

In rhesus monkeys with experimental loiasis infections, PBMC blastogenic response to parasite antigens declines after patency, and persists with chronicity of infection. This parasite-specific

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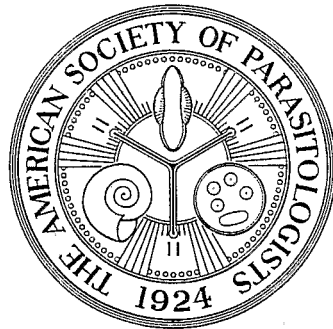
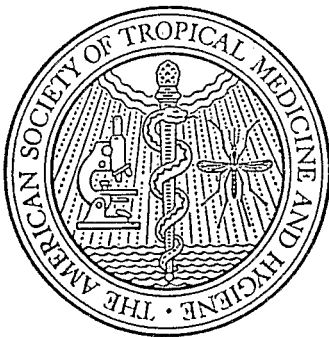
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