DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)
Memorandum

Date: July 24, 2006

From: WHO Collaborating Center for
Research, Training and Eradication of Dracunculiasis

Subject: GUINEA WORM WRAP-UP #164

To: Addressees

Count Down to Glory
Consecutive months with zero indigenous cases:
Burkina Faso 6
Nigeria 1
World Cup Soccer: Ghana 2, USA 1

ONLY 68 CASES OUTSIDE OF SUDAN & GHANA IN JANUARY-JUNE 2006

The seven endemic countries remaining outside of Sudan and Ghana have reported a total of only 68 cases of dracunculiasis during the first six months of 2006 (Table 1, Figure 3). This is a reduction of -75% from the 271 cases that the same countries reported during January-June 2005. Burkina Faso, Ethiopia, Nigeria and Togo have all reported reductions in cases of more than 80% in this period, while Niger reports an increase of 23% (Figure 1). Ghana and Sudan have reported 99% of all cases so far this year (Figures 2 and 5). The dramatic increase in cases reported from Sudan is a direct result of increased access by Sudanese health workers and their partners to endemic areas of southern Sudan following last year's Comprehensive Peace Agreement between the two sides in the civil war. One consequence of the increase in cases reported from Sudan is that the total number of cases reported globally so far this year (12,226) has already exceeded the total number of cases reported during all of 2005 (10,674). The number of cases of dracunculiasis exported from one country to another has steadily decreased since 2002 (Figure 4). Only 6 cases have been exported during January to June 2006, compared with 27 cases in 2005, 69 in 2004, 67 in 2003, and 73 in 2002, during the same period.

GHANA'S MINISTER OF HEALTH VISITS NORTHERN REGION AGAIN

The minister of health of Ghana, the Honorable Major (Rtd.) Courage E.K. Quashigah, visited Tolon-Kumbungu District in Ghana's Northern Region on June 30th. During his visit, the minister discussed the status of the program with field staff of the Guinea Worm Eradication Program (GWEP), village volunteers, and village chiefs at a *durbar* in Wantugu village. The minister promised support to the volunteers to get the job done. Tolon-Kumbungu is the second highest endemic district and Wantugu is the highest endemic village in Ghana in 2006 so far. The minister's tour ended with a visit to the Chirifoyili Dam water project, where he recognized the collaborative support of partners in helping to provide safe drinking water to the remaining endemic communities. The minister was accompanied by the new regional minister for the Northern Region, El Hajji Mustafa Ali Iddris (who was on his first official assignment), the Tolon-Kumbungu District chief executive, staff from the secretariat of the national GWEP, and representatives of UNICEF and The Carter Center. The minister of health previously visited the endemic village of Diare in Savelugu-Nanton District in September 2005.

Ghana has reported 2,590 cases in January-June 2006 (Figures 2 and 7), and Ghana's Northern Region has reported 88% of all cases in Ghana so far this year. An analysis by the program shows that 189 endemic villages reported 2,744 cases in January-May 2005 (79% of all cases) and the same villages reported 1,797 indigenous cases (78% of all cases) in the same period of 2006: a reduction of -35%. Meanwhile, of the 311 villages that reported only imported cases (479 cases, or 12% of all cases) in 2005, only 20 villages reported indigenous cases (49 cases, or 2% of all cases) in 2006. The Ghana GWEP rightly concludes from this analysis that for prioritization it "must focus and improve the quality of interventions in currently endemic villages". The latest status of interventions is as follows: 62% of cases contained in January-May 2006, 79% of endemic villages with cloth filters in all households, 25% treated with ABATE@ larvicide, 44% with at least one source of safe drinking water, and 95% with health education/community mobilization activities. An Interagency Coordinating Committee meeting was held on June 14th.

SUDAN

The provisional total of 9,568 cases reported in January-June represents an increase of 171% from the 3,531 cases reported during the same period of 2005 (Figures 1, 2, and 8), These figures reflect reporting rates of 42% in 2005 and increasing reporting rates during 2006 (6% in January, 7% in February, 10% in March, 34% in April, and 73% in May) as the new government of South Sudan and the South Sudan GWEP have become operational. So far in 2006, at least 90% of 1,395 villages reporting one or more cases have had at least one health education session, 79% have cloth filters in all households, 56% have received pipe filters, 12% have had ABATE@ larvicide applied, and 12% have one or more safe sources of drinking water. Sub-offices and supervisory structures are established and fully functional in the four main focal areas.

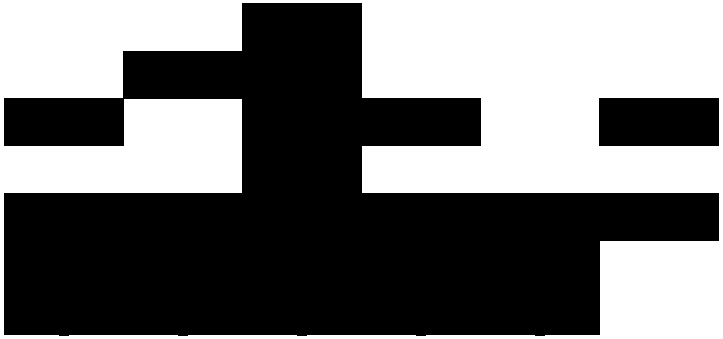
WHO convened a consultative meeting to discuss plans for surveillance in Guinea worm-free areas of southern Sudan at the WHO-Southern Sudan Office in Juba on July 5-8. Participants included representatives from the South Sudan Guinea Worm Eradication Program, WHO, LFRC, and The Carter Center. The main gaps identified in the SSGWEP were the needs to obtain baseline data in selected areas, to strengthen surveillance, and for technical assistance regarding training. Participants developed an action plan to help address these points. Dr. Ernesto-Ruiz-Tiben of The Carter Center made a supervisory visit to the South Sudan GWEP (SSGWEP) during June 3-12. The SSGWEP has made great progress towards becoming a coherent eradication program, since the installation of the Government of South has madei 0 1

Table 1

Number of Cases Contained and Number Reported by Month during 2006*
(Countries arranged in descending order of cases in 2005)

NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	% CONT.
SUDAN	0 / 1	7 / 2	176 / 9										3587/	



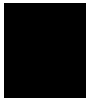


Figure 2

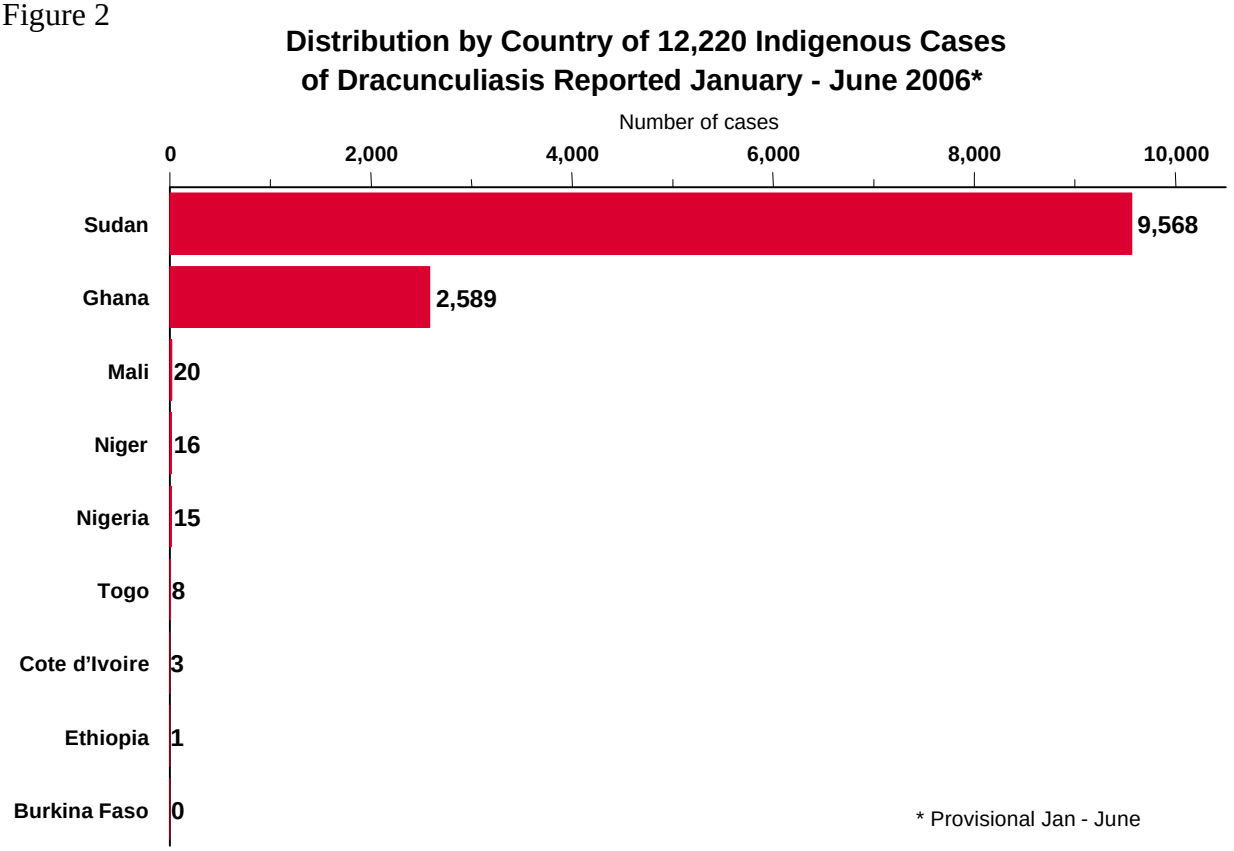


Figure 3

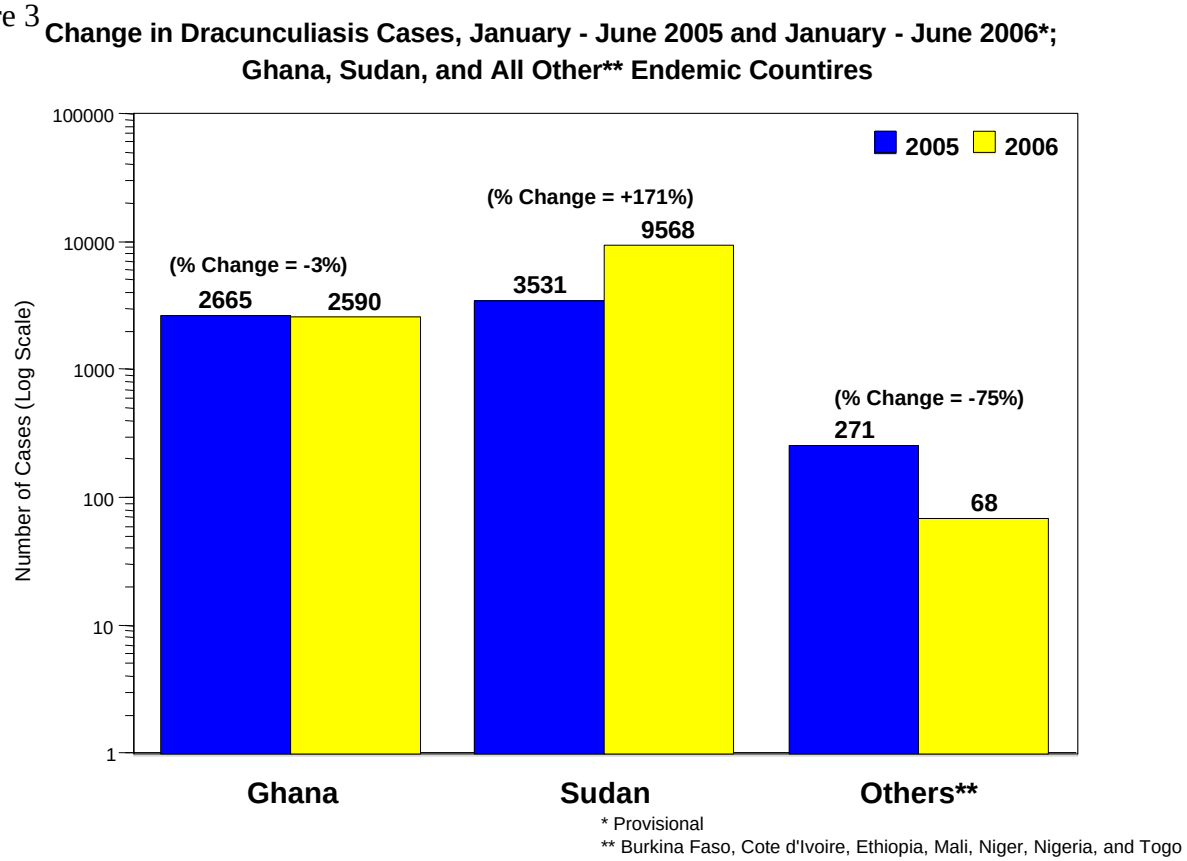


Figure 4

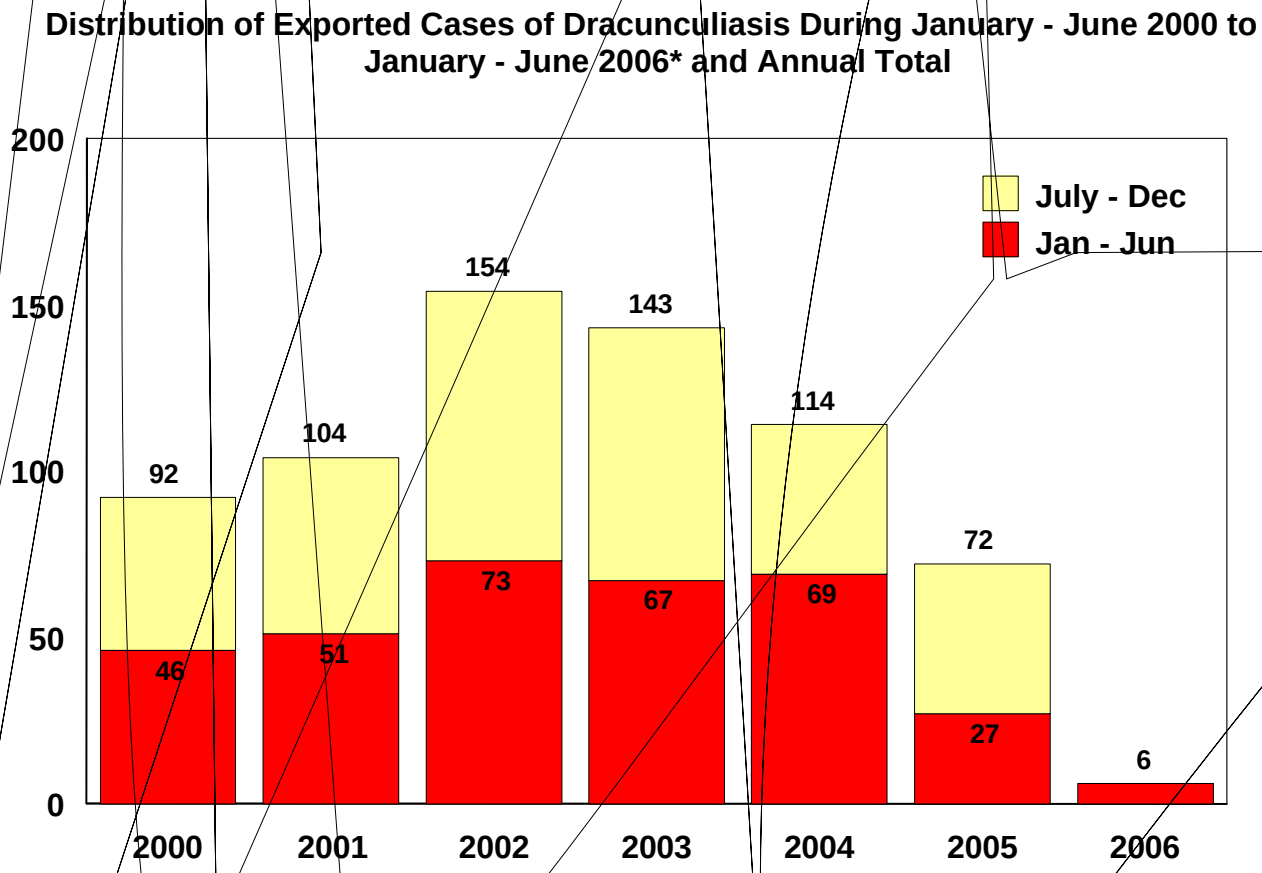


Figure 5

ETHIOPIA

Ethiopia reported one indigenous case of GWD in June. Although the case was detected in Gambella Town, the patient is a resident of Awukoy Village, in Gog District of Gambella Region, and had a history of drinking water from the six ponds, including infamous

NIGER

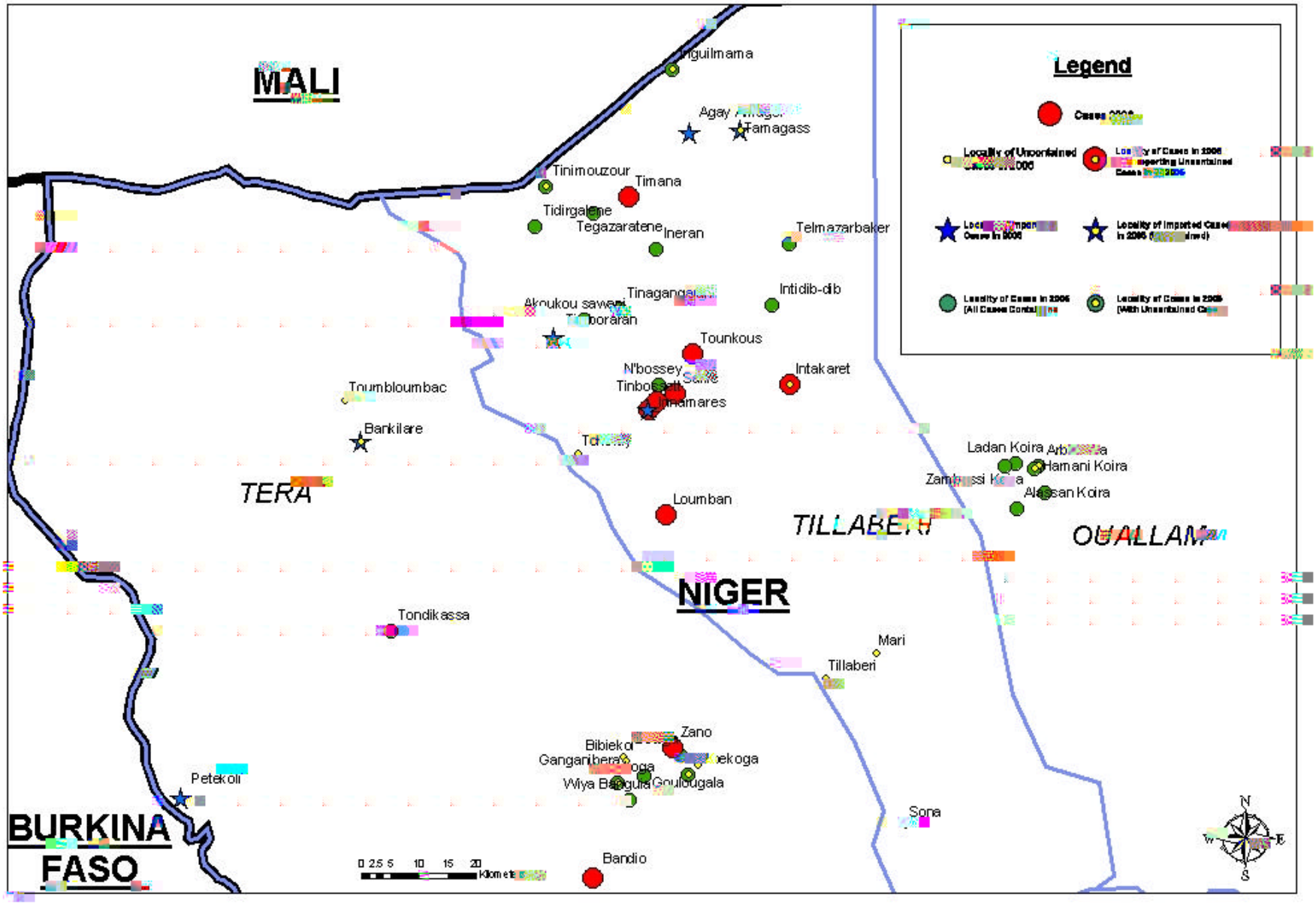
Although transmission from all but one of the 17 cases reported (3 were imported, including 2 from within Niger and one from Mali)

Table 2

Niger Guinea Worm Eradication Program

Figure 6

NIGER GUINEA WORM ERADICATION PROGRAM
ENDEMIC LOCALITIES IN 2005; UNCONTAINED CASES IN 2005 & NEW CASES DURING JAN-JUNE 2006



The Carter Center / Global 2000 awm 7/06

Figure 7

Figure 8

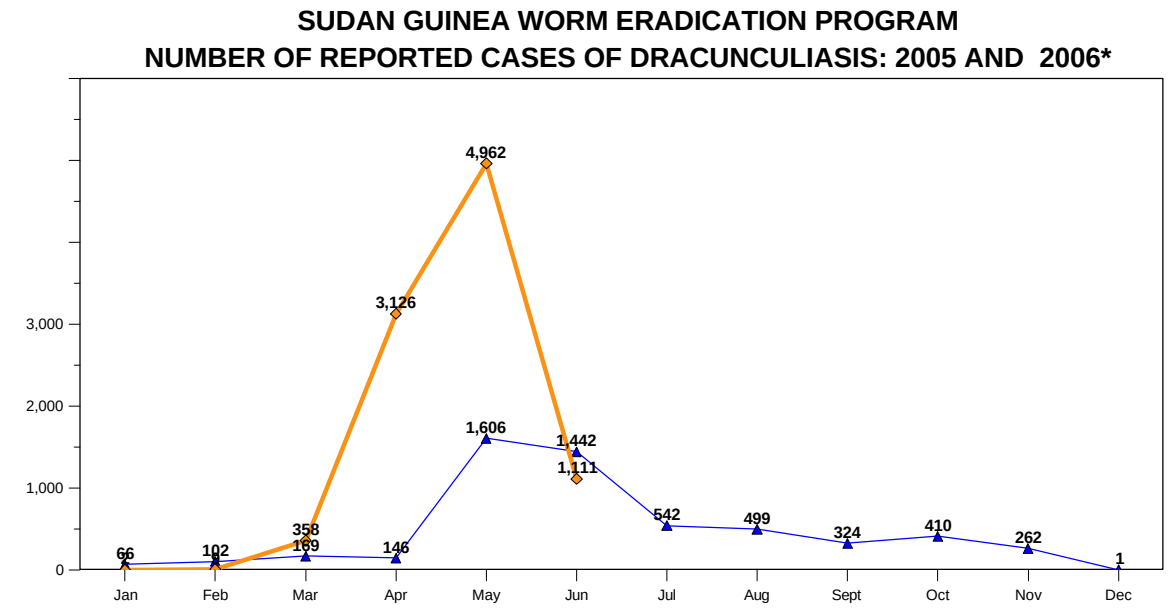


Figure 9

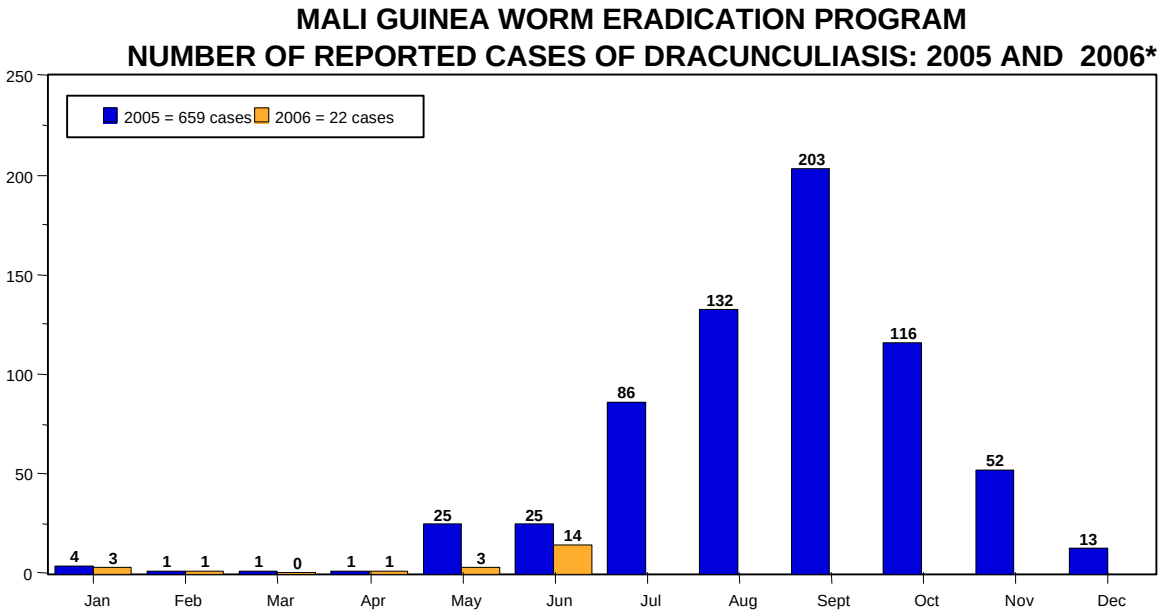


Figure 10

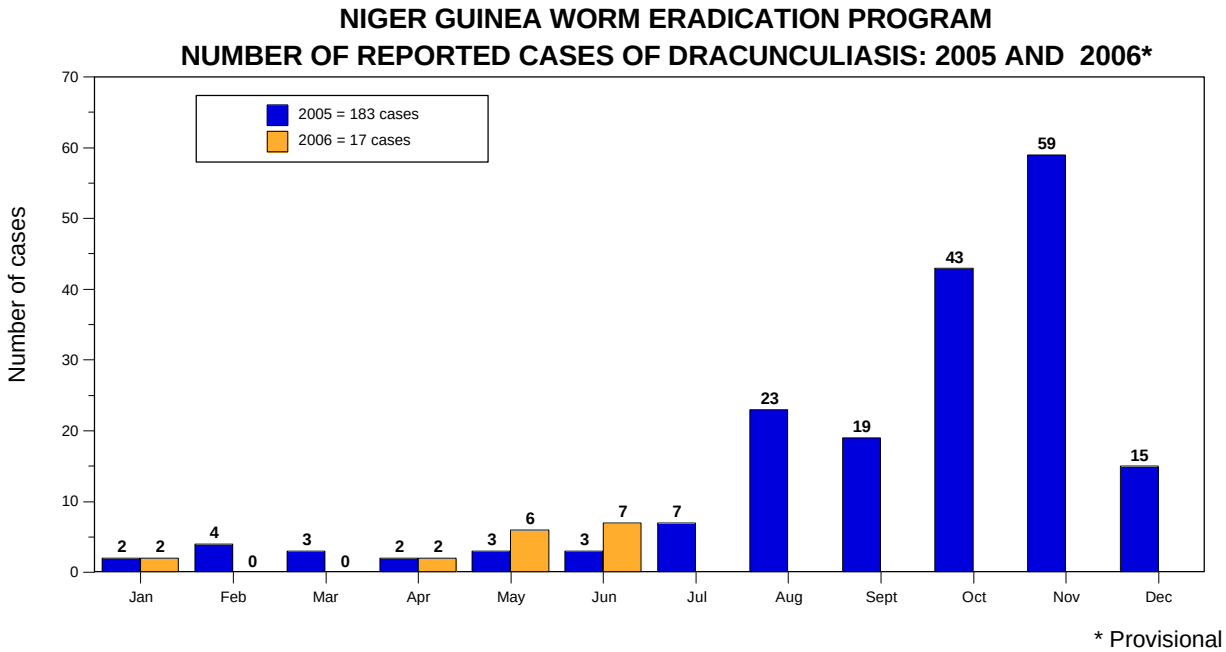


Figure 11

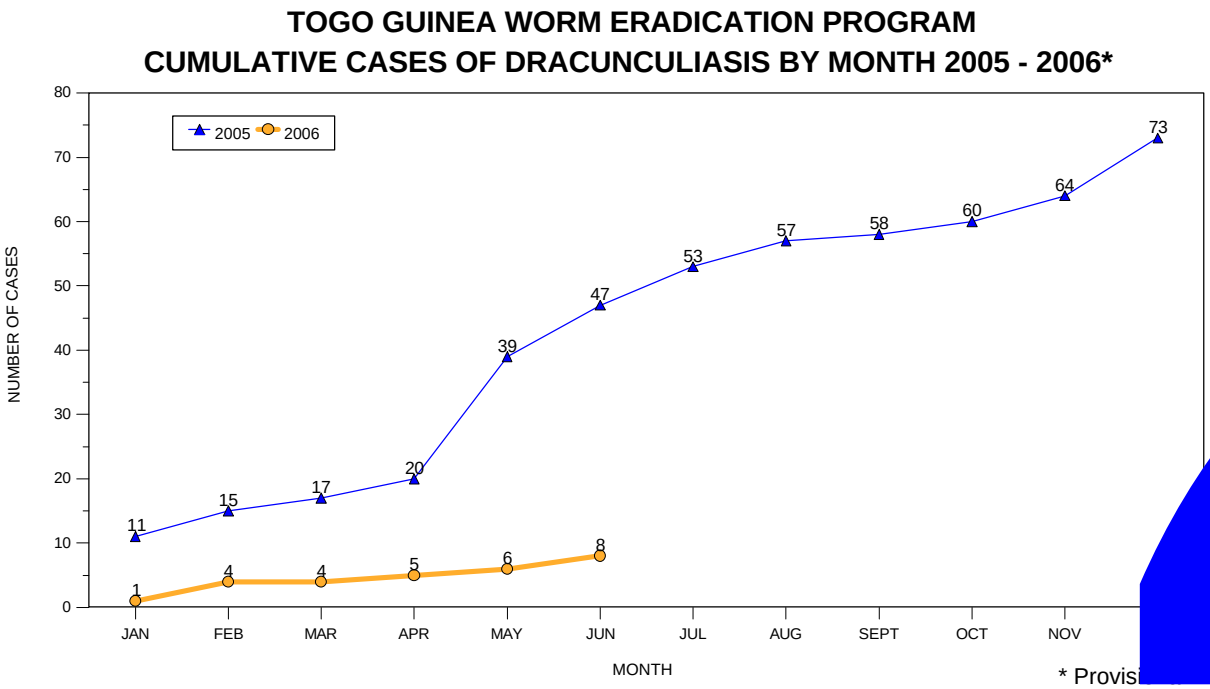


Figure 12

DEFINITION OF CASE CONTAINMENT

A case of Guinea worm disease is contained if all of the following conditions are met:

1.