

DEPARTMENT OF HEALTH & HUMAN SERVICES

Date: January 26, 2007



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

Subject: GUINEA WORM WRAP-UP #169

To: Addressees

The Golden Anniversary of Ghana's epochal achievement of political independence on March 6, 1957 is fast approaching. That 50 year milestone in March 2007 is also the date by which Ghana now aims to finally stop transmission of dracunculiasis by containing all subsequent cases of the disease that occur in Ghana, and thus expecting no more cases of the "Fiery Serpent" after March 2008. In escalating its efforts, Ghana is focusing to achieve the promise first made when its Guinea Worm Eradication Program began in December 1987—a promise that has seen no sustained national reduction in cases over the past 12 years.

Since the Program Review of Ghana's Guinea Worm Eradication Program in Atlanta in August 2006 however, the Government of Ghana has announced free treatment for persons with Guinea worm disease at all public hospitals and clinics, declared the disease to be a public health emergency in the Northern Region, replaced 10 of 12 under-performing district and regional supervisors, opened ten case containment centers to complement existing health facilities, kicked off a major public awareness offensive that includes radio, television, newspapers, billboards, *durbars*, appearances by Miss Ghana 2005, and a ministerial press conference on January 22, released 5 billion cedis (~\$500,000) to the Ghana Health Service for the program, begun distributing 372,000 pipe filters, and introduced improved water supply in the highest endemic community (Savelugu: 411 cases in 2006), with improved water supply for the second-highest village (Diare: 298 cases) to follow in January 2007. During a visit to Brong Ahafo Region on January 16, President J.A. Kufuor

_____ expressed his surprise that Guinea worm disease is reportedly increasing in Ghana and directed minister of health Maj (Rtd) Courage E.K. Quashigah to submit a report to him on the situation.

Ghana reported 4,132 cases of dracunculiasis from 605 communities in 2006, but only 346 communities reported 30 TD₅₀'s (vs. 47,160 liters). Ghana's immediate neighbor
2006, Burkina Faso reported 5 cases, and Togo reported 29 cases,
from Ghana (Table 1, Figures 5 and 6). Two Malian nationals were
y Ghana during November 2006. (Burkina Faso reports that three
from Ghana in early January 2007). 90% of Ghana's cases in 2006
gs all other endemic regions in reducing the disease in recent years



Figure 2

Number of Cases of Dracunculiasis Reported: Ghana and Nigeria 1989-2006*

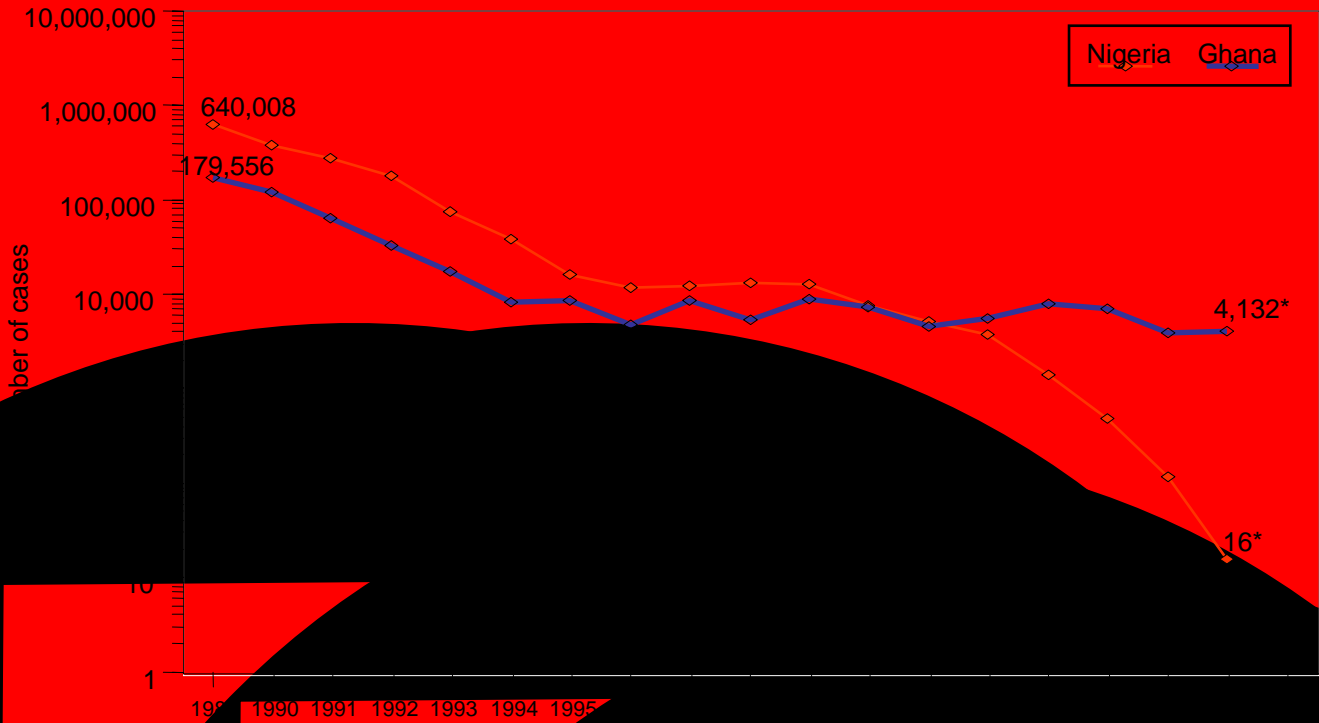
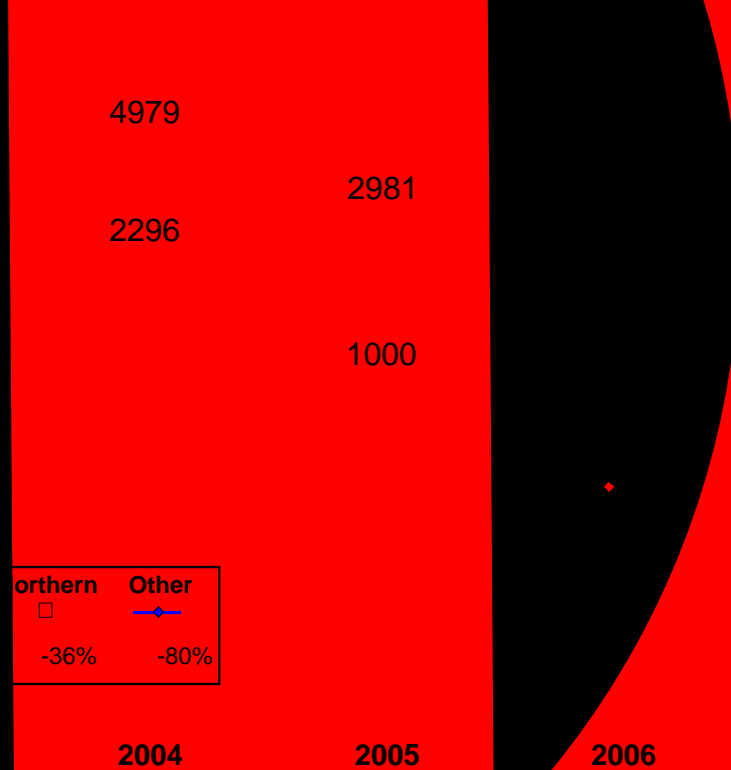


Figure 3

Ghana Guinea Worm Eradication Program: Number of Cases of Dracunculiasis Reported by Region, 2004-2006



■ Northern
■ Other
 -36% -80%

2004

2005

2006

*provisional

(Figure 3). 77% of Ghana's cases were reported from only five districts, all of which are in the Northern Region: Savelugu-Nanton, Tolon-Kumbungu, Tamale, Yendi, and East Gonja.

Case containment rates have rise

Figure 5

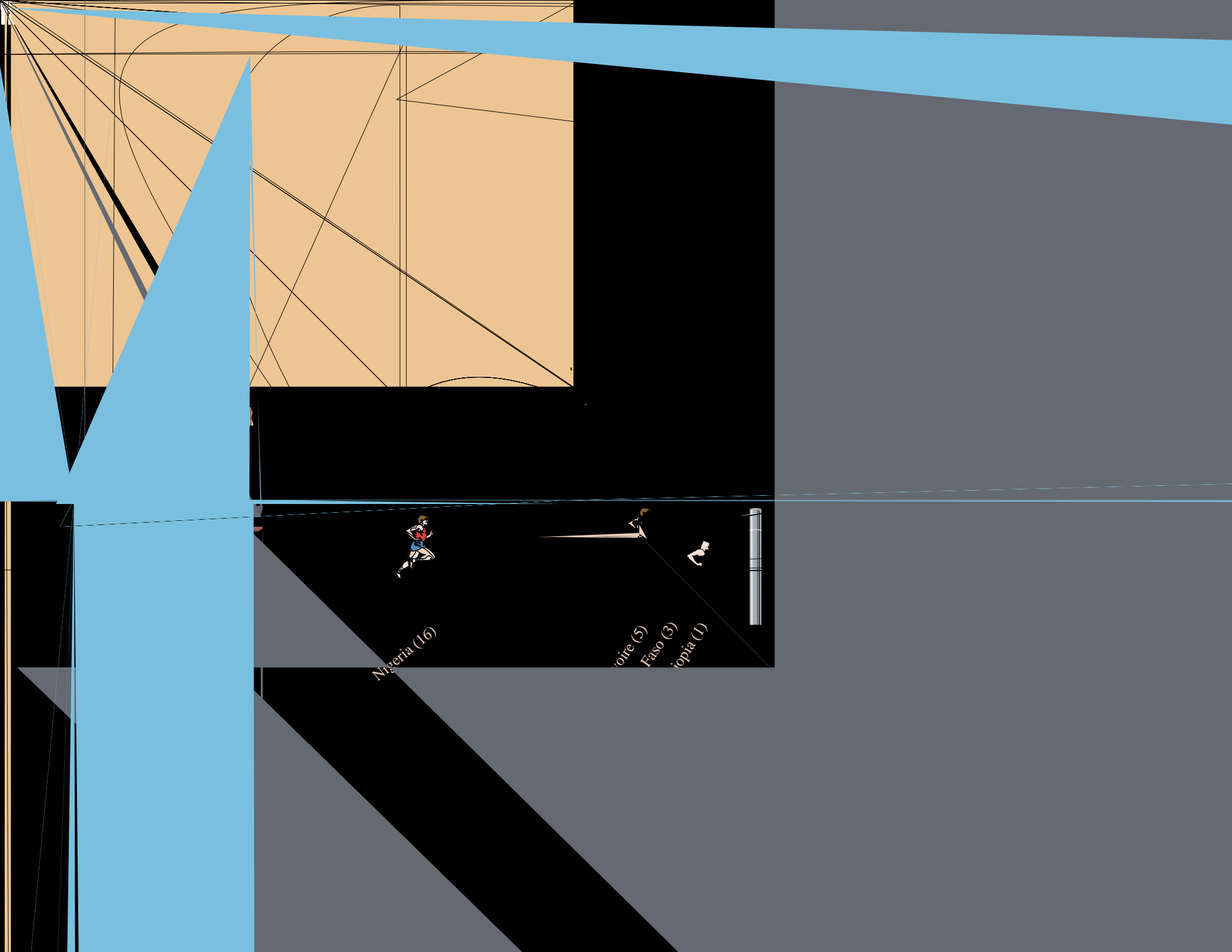
Number of Indigenous Cases Reported During the Specified Period in 2005 and 2006*, and Percent Change in Cases Reported

Country	Indigenous Cases Reported	
	2005	2006
Ethiopia (12)	29	1
Burkina Faso (12)	24	3
Nigeria (12)	120	16
Togo (12)	70	25
Mali (12)	656	323
Cote d'Ivoire (12)	9	5
Niger (12)	175	108
Ghana(12)	3977	4130
Sudan (10)	5306	20300
Total	10366	24911
All countries, excluding Sudan and Ghana	1083	481

Overall % change outside of Sudan = -9%

(11) Indicates months for which reports were received, i.e., Jan. - Nov. 2006

* Provisional



Nigeria (16)

Côte d'Ivoire (5)

Faso (3)

Éthiopie (1)

IN BRIEF:

Sudan. The South Sudan GWEP detected and cross-notified four cases of dracunculiasis imported from the Gambella Region of Ethiopia into the Akobo area of Jonglei State during December 2006 (Table 2). These are the very first cases of dracunculiasis ever alleged to be exported from a neighboring country into Sudan, since the beginning of the Sudanese eradication program in 1994. Insecurity in the Gambella Region of Ethiopia during the last 2-3 years has severely constrained the Ethiopian Dracunculiasis Eradication Program (EDEP) staff's access to the endemic villages in that region. During 2006 the EDEP reported only one indigenous case of dracunculiasis and 2 cases imported from South Sudan. The cases imported into South Sudan may be an indication that there is transmission of dracunculiasis in areas of Gambella Region that

covering 55% of the country's districts and 13 out of 14 counties. No active cases of Guinea worm disease were detected. A total of five rumors were