

South Sudan Guinea Worm Eradication Program
Reported Cases of Dracunculiasis by Month, 2010 - 2012*

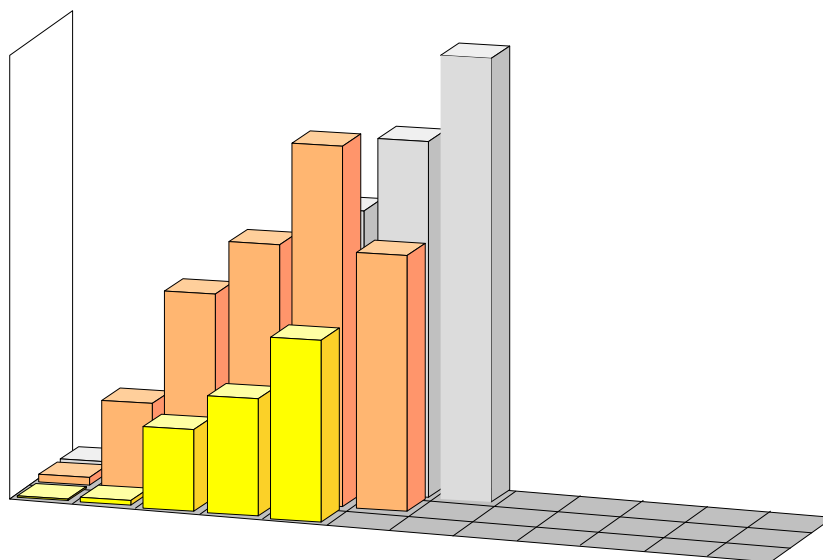


Figure 2

Bigger reduction in cases:

Figures 3 and 4 illustrate the reductions in disease-endemic and non endemic villages reporting cases of GWD, and the numbers of cases reported from these villages during January- April 2011, and 2012. The trends in reported cases from the three foci of transmission of GWD during 2011 and 2012, are

SOUTHERN SUDAN GUINEA WORM ERADICATION PROGRAM
CASES REPORTED AND CONTAINED DURING 2012* BY STATE, COUNTY AND MONTH

State County

Cases Contained / Cases Reported

%
Contained

Figure 7

Country	2011	2012*
Chad (5)	2	0
Ethiopia (5)	5	2
South Sudan (5)	621	265
Mali (5)^	0	0
Total	628	267
All countries, excluding Sudan	7	2

* Provisional. Numbers in parentheses indicate months for which reports have been received, i.e., (5) = January - May. Excludes reports from one country to another.

by the Secretary-General Pr. M.S. Traore. The representatives of each of the four countries that reported cases in 2011 (South Sudan, Mali, Chad, Ethiopia) described the status of eradication efforts in their nations. Dr. Abdul Al-Awad(chair) and Dr. Joel Breman





Niger. The Niger GWEP continued to maintain surveillance for possible cases of GWD, especially among displaced Malian refugee camps. During assessments in these camps in February and April 2012 strengthen surveillance for possible cases of GWD, the following observations were made:

1. As of May 2012 report, no cases of GWD were reported in Niger. One rumor was reported from a refugee camp in April 2012 which was investigated and GWD was ruled out.
2. Leaders of the refugee camps are committed to continue social awareness in these camps to ensure early detection of cases, and to continue to inform residents about the availability of cash rewards for information leading to confirmation of cases of the disease.
3. Written instructions were given at all the levels of the health system to strengthen the sensitivity of GWD surveillance within the integrated disease surveillance and response system.
4. Increase the advocacy for greater commitment for GWD surveillance among administrative authorities and NGOS in these refugee camps.

Other measures included: identification of hot camps hosting refugees and determining the status/origin of the refugees. The remaining challenge is the insecurity in the entire area north of Tillabery and Tahoua districts making visits to the refugee camps only possible with military escort.



Sudan. Dr. Gautam Biswas, Team Leader, Guinea Worm Eradication, WHO, Geneva, visited Sudan from 2nd April to 10th May. The visit included desk reviews of GWD surveillance and reporting from village-based active case searches, the national integrated disease surveillance and response system (IDSR) and the Health and Management Information System, at the National and District levels. Visits to former endemic villages were made in the States of North Kordofan and White Nile. Following the review, areas of priority for implementation were discussed with national health authorities. The focus was to prioritise awareness generation on the reward scheme and to report on any suspected cases, especially in the states bordering South Sudan and Chad. A nation-wide survey planned to be carried out at the end of the year during the house-to-house survey to be carried out during a polio eradication search for cases of acute flaccid paralysis.

WHO Workshop for GWEP Data Managers:

The Regional WHO Office for Africa (AFRO)

"Foul Water, Fiery Serpent" As of June 1, 2012, the document "Foul Water, Fiery Serpent" has been broadcast 642 times in 122 television markets, covering more than 76 percent of the U.S. This film was produced in 2010 by Cielo Productions under the leadership of Mr. Gary Switzer with sponsorship by Mr. John Moores former chairman of the Board of Trustees of The Carter Center.

THIRTY YEARS SINCE WASHINGTON WORKSHOP ON GUINEA WORM DISEASE

June 16-19 will mark the thirty year anniversary of the Workshop on Opportunities for Control of Dracunculiasis that met in Washington, DC under the chairmanship of Dr. Myron Schulz CDC. This was the first international meeting devoted to dracunculiasis. It was conceived by CDC, sponsored by the National Research Council of the U.S. National Academy of Sciences, co-sponsored by WHO, and funded by the United States Agency for International Development (USAID). It brought together 27 multi-disciplinary experts, including scientists from Ghana, India, Nigeria and Togo.

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