

Date: September 17, 2014

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

Subject: GUINEA WORM WRAP-UP #228

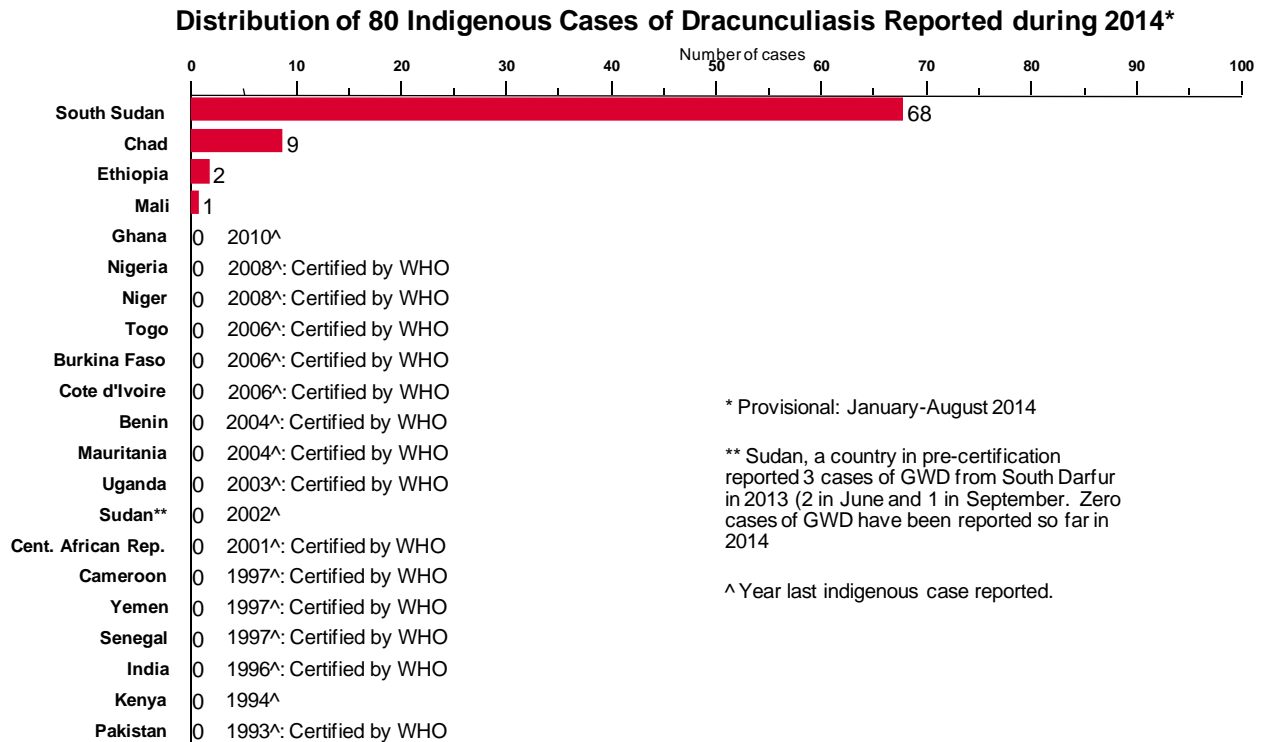
To: Addressees

**Contain Every Worm! Trace Every Source!! Raise Reward Awareness!!!**

**80 CASES (PROVISIONAL) REPORTED GLOBALLY IN JANUARY-AUGUST 2014**

Eighty (80) cases of Guinea worm disease have been reported provisionally in January-August 2014 (Figures 1, 2, and Table 1). This is a reduction of 34% from the 121 cases that were reported during the same period of 2013. Worm specimens from 34 of the provisional cases reported from South Sudan have not yet been tested or confirmed in the laboratory at CDC (26 of 75 specimens from South Sudan that were tested this year were not Guinea worms). With 68 provisional cases, South Sudan has reported 85% of cases so far this year, while Chad has reported 9 cases, Ethiopia 2 cases, and Mali 1 case. Sudan, which reported two cases during January-August 2013, has reported no case so far this year.

Figure 1





**Figure 2****Number of Indigenous Cases Reported During the Specified Period in 2013 and 2014\*,  
and Percent Change in Cases Reported**

Country	Cases Reported	
	2013	2014*
Sudan <sup>^</sup> (8)	2	0
Mali <sup>§</sup> (8)	4	1
Ethiopia (8)	7	2
South Sudan (8)	99	68
Chad (8)	9	9
Total	121	80

\* Provisional: Numbers in parentheses denote months for which data received, e.g., (8)= January- August

§ Reports include Kayes, Koulikoro, Segou, Sikasso, and Mopti, Tinbuku and Gao Regions; in late April 2014, the GWEP deployed one technical advisor to Kidal to

<sup>^</sup> Under pre-certification of eradication; reported three cases in 2013 from Kafia Kingi area of South Darfur State. A Carter Center consultant was deployed to Kafia-Kingi area in March 2014 to implement active village-based surveillance and interventions in Kafia Kingi and four other at-risk villages, all of which began reporting monthly as of the end of March.

Figure 3

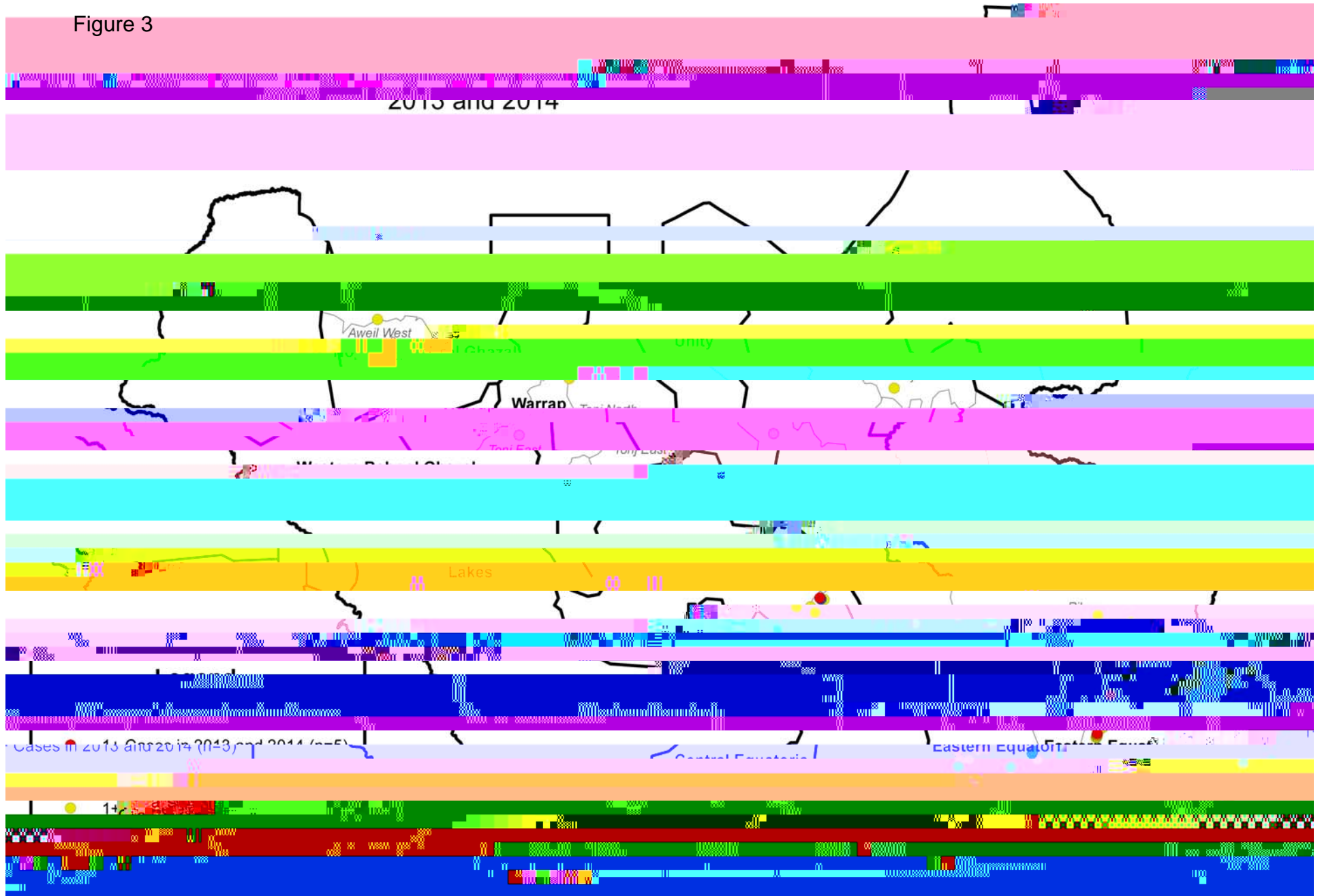


Table 2

South Sudan Guinea Worm Eradication Program  
Line Listing of Cases: 2014

Case #	Age	Sex	Ethnicity	Sub-ethnicity	Region	Sub-region	Location	Onset Date	Diagnosed	Source* of infection established? (Yes/No)	Specimen Date	Specimen Type	GUINEA WORM	
					WEST	KAPOEEAST	23Mar14	YES	NO				GUINEA WORM	
			3.2	10	F	TOPOSA	LOBOER	KAPOEEAST	3Apr14	YES	NO	YES	8Apr	GUINEA WORM
			3.3	10	F	TOPOSA	LOBOER	KAPOEEAST	2Apr14	YES	NO	YES	22May	GUINEA WORM
			3.4	10	F	TOPOSA	LOBOER	KAPOEEAST	14May14	YES	NO	YES	22	
											May		GUINEA WORM	
4.1	6	M	TOPOSA	LOCHAPIO	KAPOEEAST	KAPOEEAST	6Apr14	YES	NO	YES	30r		GUINEA WORM	
5.1	12	F	TOPOSA	LOKUTA	KAPOEEAST	KAPOEEAST	19Apr14	YES	NO	YES	30r		GUINEA WORM	
5.2	12	F	TOPOSA	LOKUTA	KAPOEEAST	KAPOEEAST	29Apr14	YES	NO	YES	22y		GUINEA WORM	
5.3	12	F	TOPOSA	LOKUTA	KAPOEEAST	KAPOEEAST	30Apr14	YES	NO	YES	22y		GUINEA WORM	
6.1	10	M	TOPOSA	NAWOYAPAK	KAPOEEAST	KAPOEEAST	5Apr14	YES	NO	YES	22y		GUINEA WORM	
7.1	22	F	TOPOSA	LOCHAPIO	KAPOEEAST	KAPOEEAST	1Apr14	NO	NO	9Apr	YES	28Jun	GUINEA WORM	
8.1	25	F	TOPOSA	KATIANYAUNG AGILICHAIIT	KAPOEEAST	KAPOEEAST	10May14	NO	NO	12May	YES	5Jun	GUINEA WORM	
8.2	25	F	TOPOSA	NARENGEWI	KAPOEEAST	KAPOEEAST	8Jul14	NO	NO	12May	YES	3Aug	GUINEA WORM	
9.1	5	M	TOPOSA	LOCHAPIO	KAPOEEAST	KAPOEEAST	13May14	YES	NO	YES	10n		GUINEA WORM	
9.2	5	M	TOPOSA	LOCHAPIO	KAPOEEAST	KAPOEEAST	2Jun14	YES	NO	YES	10n		GUINEA WORM	
10.1	6	M	TOPOSA	LOCHAPIO	KAPOEEAST	KAPOEEAST	20May14	YES	NO	YES	10n		GUINEA WORM	
11.1	18	M	TOPOSA	LOCHAPIO	KAPOEEAST	KAPOEEAST	23May14	YES	NO	YES	10n		GUINEA WORM	
12.1	28	M	JIE	LORIWO	JIE	KAPOEEAST	30May14	NO	YES	2Jun	YES	16Jun	GUINEA WORM	
12.2	28	M	JIE	LORIWO	JIE	KAPOEEAST	14Jun14	NO	YES	2Jun	YES	1Jul	GUINEA WORM	
13.1	15	M	TOPOSA	NAKITIROK	KAPOEEAST	KAPOEEAST								

Case #	Age	Sex	Ethnicity	Village/Locality of Detection			Date GW emerged (D/M/Y)	Case contained? (Yes/No/Pending)	Patient contaminated sources of water (Yes/No)	Date ABATE applied (D/M/Y)	Source* of infection established? (Yes/No)	Worm Specimen	
				Name	Payam	County						Date sent to CDC (D/M/Y)	Diagnosis
37.1	24	M	TOPOSA	LONGELENGOR KUCHARA	KAUTCEAST	KAPOEEAST	28						

**Figure 2**

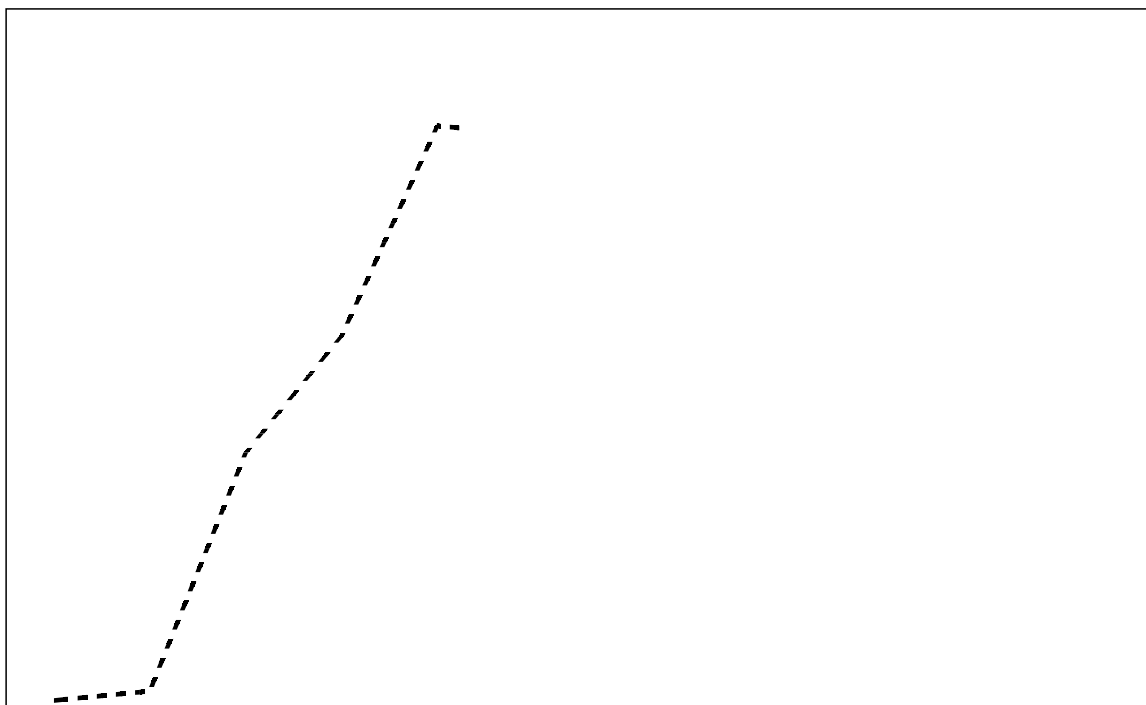






Table 4

**Status of Redundant Surveillance in 2013**

				<b>School or Market Based Surveys</b>		<b>Other</b>
<b>Chad</b>	59%	99% / 682	Yes	Yes	? / 75	
<b>Ethiopia</b>	53%	97% / 90^	Yes	Yes	71% / 825	HEWs, HDA, CDTI
<b>Mali</b>	47%	100% / 433	Yes	No	94% / 63	
<b>South Sudan</b>	NA	99% / 6,682	Yes	Yes	69% / 516	CDTI, POLIO

^ 173 VAS in 2014

VAS = Villages under active surveillance

HEWs = Health Extension workers

HDA = Health Development Army

CDTI = Community Directed Treatment with ivermectin

**Chad Guinea Worm Eradication Program**

**Line Listing of Cases: 2014**

Case #	Age	Sex	Ethnicity	Village/Locality of Detection	Date GW emerged (D/M/Y)	Case contained? (Yes/No/Pending)	Patient contaminated sources of water (Yes/No)	Date ABATE applied (D/M/Y)	Source*of infection established? (Yes/No)	Worm Specimen
1	9	F	Sara Madjigay	D165.99.317. re.0155 Tc5an2.34 201.72 12.18 ref375.8S68.f165.18 9(86165.9917.8(eTD.0262.34 201.c)-42(e)0(t)c36i86.24 041cn3c vtd7. re52.34 156.42 58.32 n8-4 156J)						

Ethiopia Guinea Worm Eradication Program  
Line Listing of Cases: 2014

Case #	Age	Sex	Ethnicity	Village/Locality of Detection	Date GW emerged (D/M/Y)	Case contained? (Yes/No/Pending)	Patient contaminated sources of water (Yes/No)	Date ABATE applied (D/M/Y)	Source* of infection established? (Yes/No)	Worm Specimen
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## REVISED CASE DEFINITION

A case of Guinea worm disease is a person exhibiting a skin lesion with emergence of a Guinea worm, ideally with laboratory confirmation. That person is counted as a case only once during the calendar year, i.e., when the first Guinea worm emerged from that person. All worm specimens should be obtained from each case-patient for laboratory confirmation and sent to CD. All cases should be monitored at least twice per month during the remainder of the calendar year for prompt detection of possible additional Guinea worms.

## REVISED CRITERIA FOR A CONTAINED CASE

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

1. The patient is detected before or within 24 hours of worm emergence, and
2. The patient has not entered any water source since the worm emerged, and
3. The village volunteer has properly managed the case, by cleaning and bandaging until the worm is fully removed, and by giving health education to discourage the patient from contaminating any water source (if two or more Guinea worms are present, the case is not contained until the last worm is pulled out), and
4. ABATE is used if there is any uncertainty about contamination of sources of drinking water, or if a source of drinking water is known to have been contaminated.

## MEETINGS

- x South Sudan GWEP Mid-Year Review: September 26-7 in Kapoeta, South Sudan.
- x Chad GWEP Annual Review: November 4-7 in Bongor, Chad.
- x Ethiopia DEP Annual Review: December 3-4 in Jimma, Ethiopia.
- x South Sudan GWEP Annual Review: January 21-22, 2015 in Juba, South Sudan.
- x International Commission for the Certification of Dracunculiasis Eradication: January 13-15, 2015 in Geneva, Switzerland.
- x Mali GWEP Annual Review: February 2015 in Bamako, Mali (proposed).
- x Annual Meeting of National Program Managers; February 2015 in Bamako, Mali (proposed).

## REFERENCES

Electronic link to the 2013 Annual Surveillance Summary  
[WHO WER Dracunculiasis Eradication Global Surveillance Summary](#)

Erratum: Dr. A Nadim's name was inadvertently omitted in the reference under "Recent Publications" in

