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From: WHO Collaborating Center for

Sudan so far this year, all of whom were male seasonal farm laborers. The cases occurred in 8 villages, and all nine were reportedly contained. Seven of the nine imported cases were in West Kordufan State, and one case each in South Kordufan, North Dafur and White Nile.

The provisional –62% reduction in cases between January-August 2003 and the same period of 2004 follows a reduction in cases of –54% between the same eight months of 2002 and 2003. Analysis shows that the latest reduction in cases is the net result of several factors. Overall reporting rates for three eight-month periods are nearly equal: 77% in 2002, 74

Table 1

**Reported cases in southern Sudan, 2003 - 2004**

States	# of cases 2003
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## **SUDAN RADIO SERVICES IN NAIROBI AIRS EDUCATIONAL PUBLIC SERVICE ANNOUNCEMENTS ON DRACUNCULIASIS**

From August 2-27, 2004 Sudan Radio Services (SRS) aired 4 different educational public service announcements (PSAs) on Guinea worm disease daily in all 9 languages (English, Arabic, Juba-Arabic, Bari, Dinka, Moru, Nuer, Shilluk, and Zande) during their best slot, just prior to the daily newscast in that language. Since August 27th, these PSAs are being transmitted once or twice a week in the daily languages (English, Juba-Arabic, and Arabic) and once every 2 weeks in the other languages.

## **TOGO'S GWEP AIMING FOR ZERO CASES OF DRACUNCULIASIS**

Whereas Togo has not yet had a zero case month since the ba 0 Tm August



## **PROGRAM REVIEW MEETINGS FOR SUDAN, ETHIOPIA, KENYA, AND UGANDA: NOVEMBER 1 – 4, 2004, ENTEBBE, UGANDA**

### **Recommendations for Sudan Guinea Worm Eradication Program**

#### **a. General Recommendations**

- 1.The UN and other agencies should include pipe filters and household filters in the IDP/Refugee repatriation packages.
- 2.Cross-notification, including feedback about imported cases of Guinea worm disease should be directly between National program coordinators with a copy to WHO and other partners.
- 3.National health authorities, the UN and other agencies should identify possible contributions of the Community based volunteers and supervisors to help scale up other community based programs, especially ones using large scale chemotherapy where applicable.

#### **b. Specific recommendations**

- 1.The SGWEP should adhere to the standard definitions and criteria (WER #37 September 2003).
- 2.The SGWEP should decide how and where Abate should be used in southern Sudan (selected priority, feasible areas), begin using abate there, and monitor its efficacy.
- 3.The SGWEP should continue monitoring the impact of the community-based strategy on the reduction of cases of Guinea worm disease.
- 4.The SGWEP should invite representatives of organizations that have a role in Guinea worm eradication and other important parties such as IOM, UNICEF and, UNHCR to the review meeting.
- 5.The SGWEP should consider making a distinction between 0 cases and No Report in presentation materials.
- 6.The SGWEP should prioritize its activities (interventions and supervision) in the most highly endemic areas, such as Tonj, Terekeka, Gogrial, Kapoeta (Kwauto), Ayod, and Marial Baai.
- 7.Selected Field officers from OLS served areas and supervisors from GOS served areas should meet at the Guinea worm eradication program review to discuss strategies.
- 8.The SGWEP should continue to identify priority suspect areas in anticipation of increased accessibility under peace.

### **Recommendations for Ethiopia Guinea Worm Eradication Program**

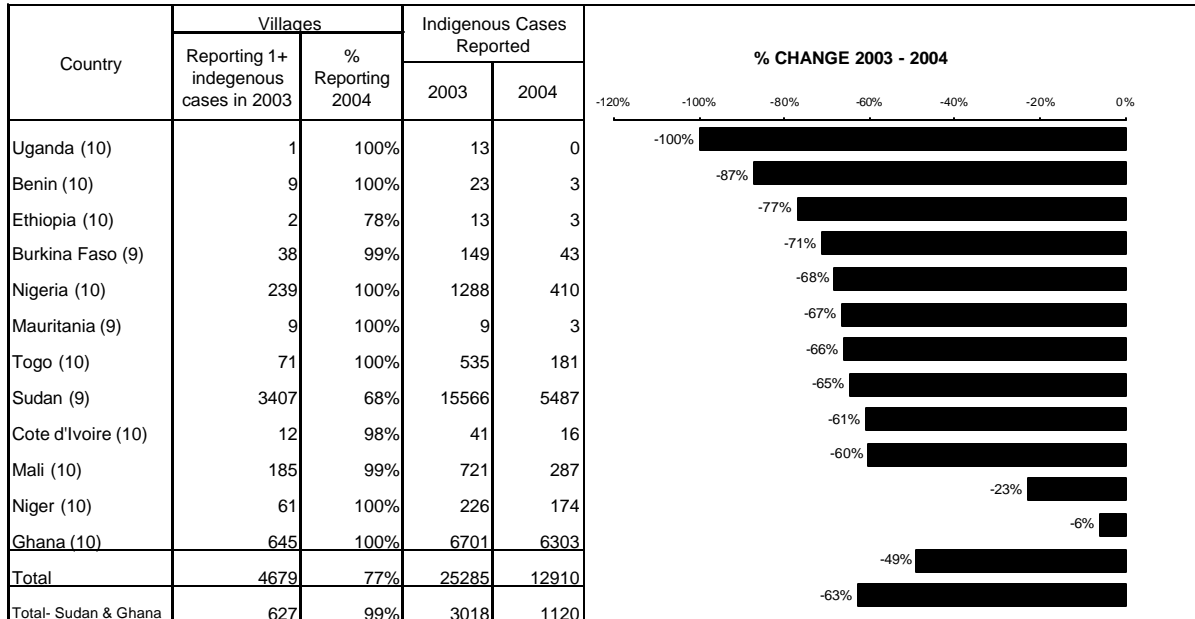
- 1.The program should identify and document in reports and maps areas that are inaccessible such as in Akobo and Gambella and pursue with all possible means to access and initiate interventions as situations permit.
- 2.The EDEP with assistance from UNICEF should, as soon as possible and as a case of emergency, support rehabilitation of rain water catchment schemes as well as well/boreholes in South Omo and train and contract persons from the community or health promoters to maintain the system.
- 3.The program should strengthen training of community-based volunteers in the currently endemic and at risk pastoralist communities and supply them with filters, to ensure that Guinea Worm prevention activities continue even when the people are on the move.
- 4.The EDEP should work hard to make sure that project funds are released on time and are dispensed to the project areas as efficiently as possible.
- 5.The program should make every effort to strengthen the involvement of political/clan leaders so that they can be helpful in expediting the implementation of GW surveillance and interventions.
- 6.EDEP should start preparing reports and documentation related to certification process to be included later in final country report.

### **Recommendations for Uganda Guinea Worm Eradication Program**

1. The national program should consider expediting the prompt and effective implementation of the pre-certification phase thereby ensuring zero case reporting for thr

Figure 3

Number of Villages/Localities Reporting Cases of Dracunculiasis in 2003, Percentage of Endemic Villages Reporting in 2004\*, Number of Indigenous Cases Reported During the Specified Period in 2003 and 2004\*, and Percent Change in Cases Reported



(10) Indicates month for which reports were received, e.g., Jan. - Oct. 2004  
 \* Provisional

## MEETINGS

The Interagency Coordination Group for Dracunculiasis Eradication is proposing April 4 - 7, 2005 as the dates for the next meeting of Program Managers of Guinea Worm Eradication Programs. The Government of Ghana has already agreed to host the meeting in Accra, and is currently being consulted about the acceptability of the proposed dates for this important annual meeting.

## RECENT PUBLICATIONS

WHO, 2004. Dracunculiasis eradication program: status during January-July 2004. Wkly Epidemiol Rec 79:342-3.

*Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.  
 In memory of BOB KAISER.*

For information about the GW Wrap-Up, contact Dr. James H. Maguire, Director, WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, NCID, Centers for Disease Control and Prevention, F-22, 4770 Buford Highway, NE, Atlanta, GA 30341-3724, U.S.A. FAX: 770-488-7761. The GW Wrap-Up web location is <http://www.cdc.gov/ncidod/dpd/parasites/guineaworm/default.htm>



CDC is the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis.