

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 Cu

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 Sudan in 2011.

Figure 2

Distribution by Country of 12,220 Indigenous Cases of Dracunculiasis Reported January - June 2006*

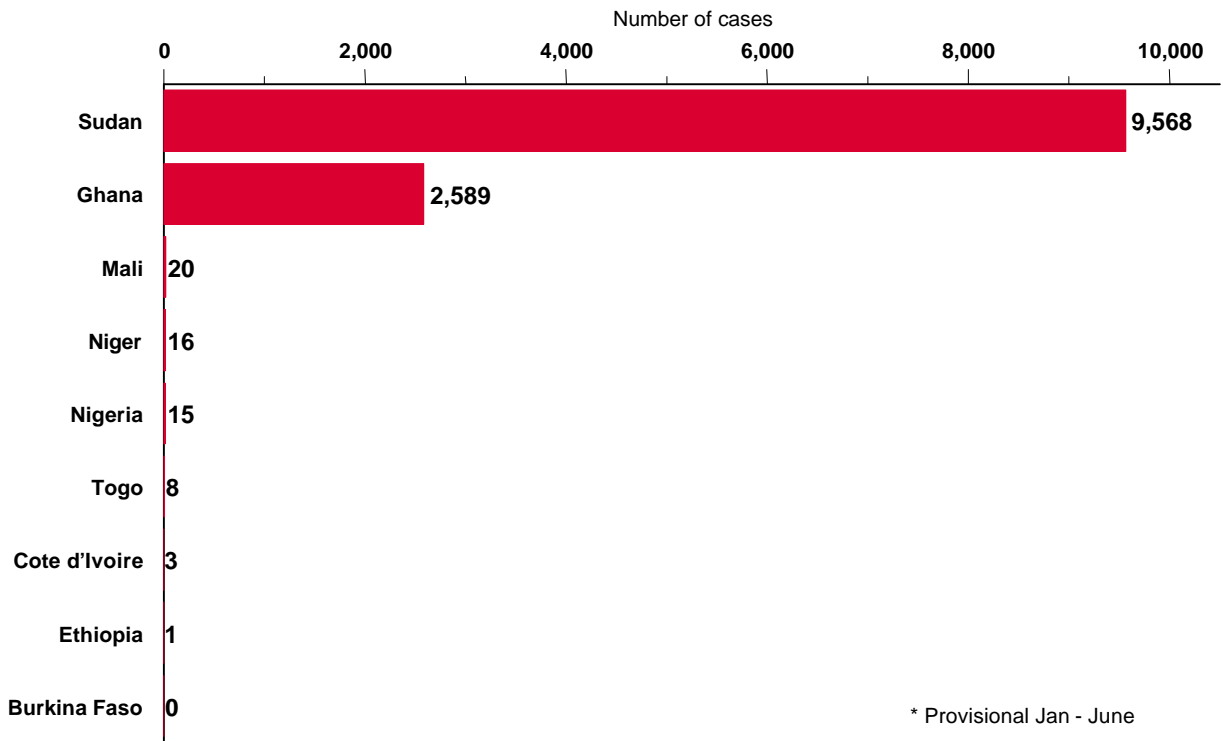
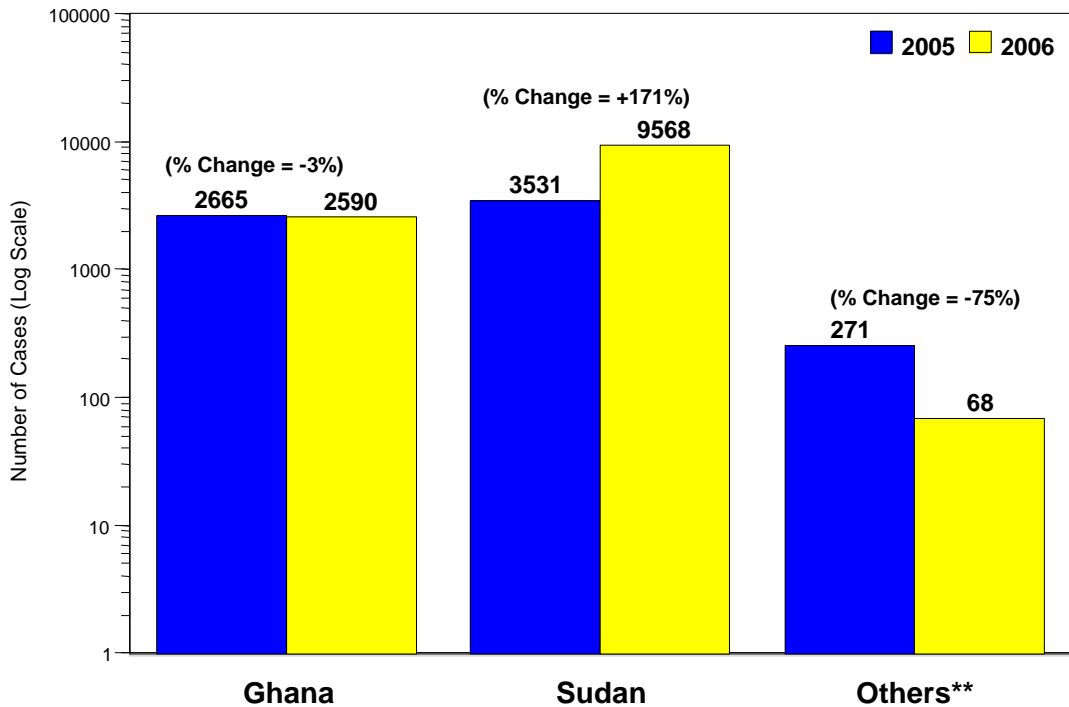


Figure 3 **Change in Dracunculiasis Cases, January - June 2005 and January - June 2006*; Ghana, Sudan, and All Other** Endemic Countries**



* Provisional

** Burkina Faso, Cote d'Ivoire, Ethiopia, Mali, Niger, Nigeria, and Togo

Figure 4

Distribution of Exported Cases of Dracunculiasis During January - June 2000 to January - June 2006* and Annual Total

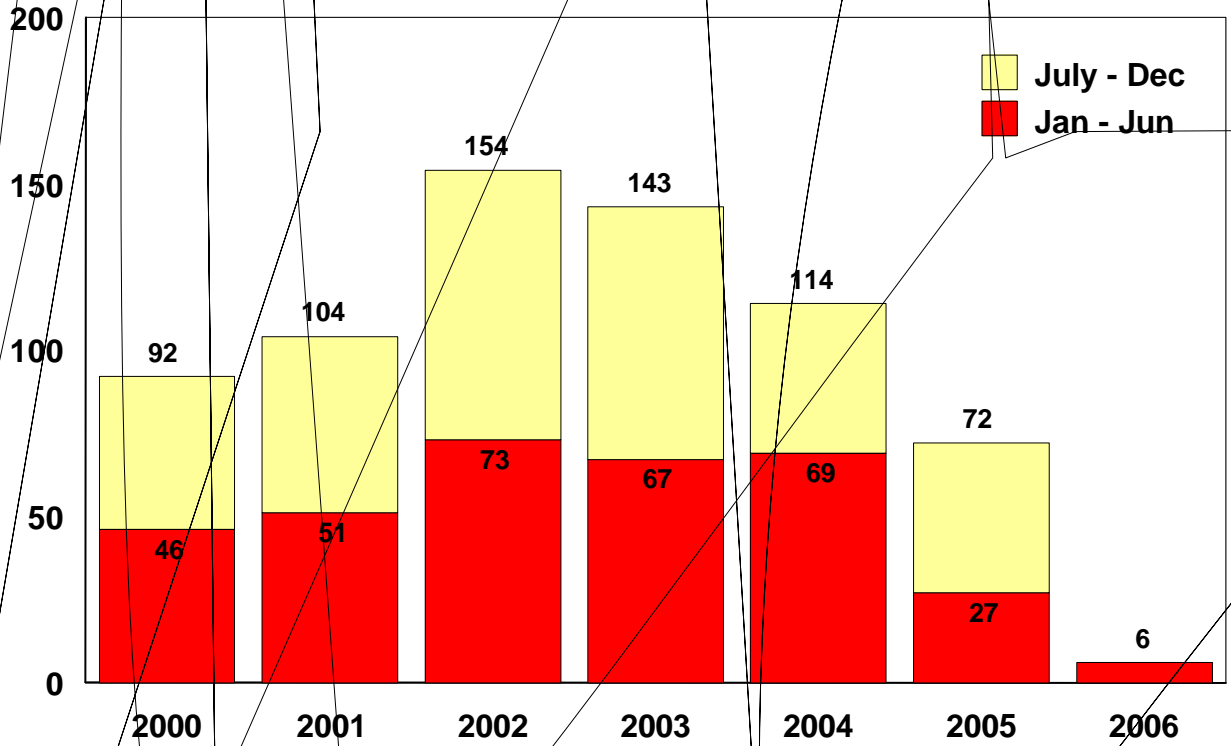


Figure 5

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

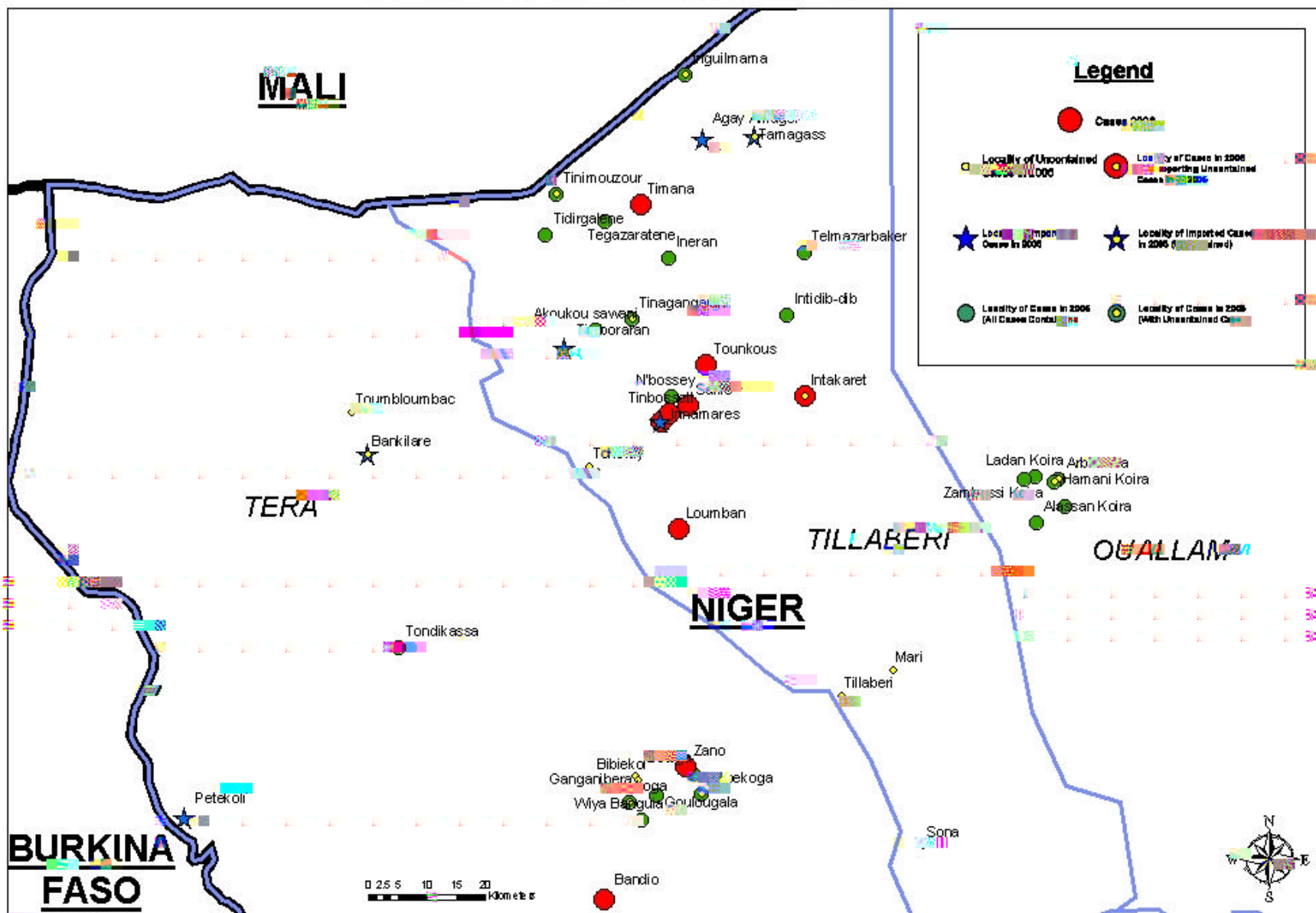


Figure 7

Figure 8

**SUDAN GUINEA WORM ERADICATION PROGRAM
NUMBER OF REPORTED CASES OF DRACUNCULIASIS: 2005 AND 2006***

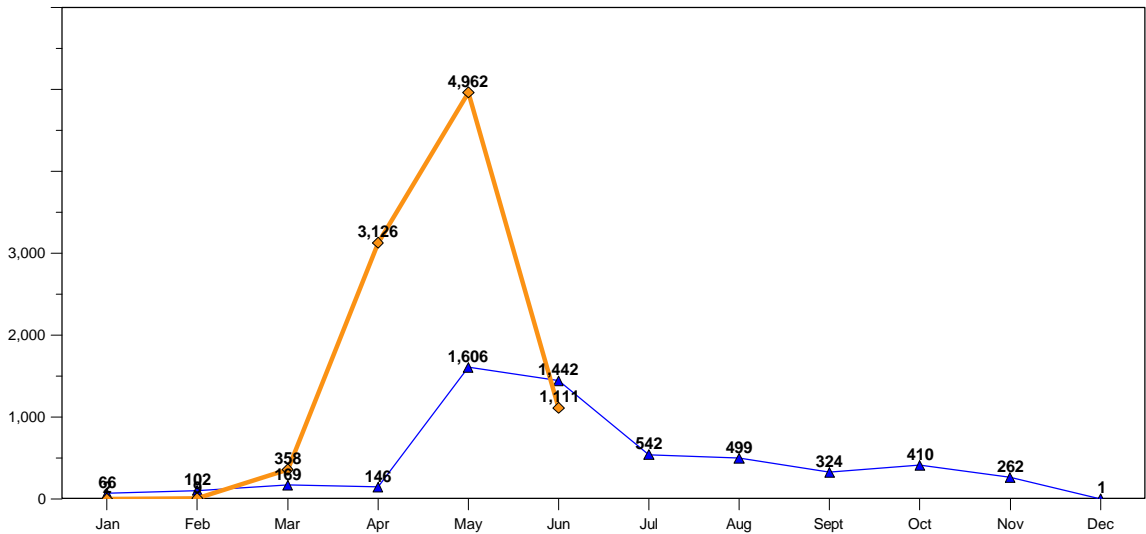


Figure 9

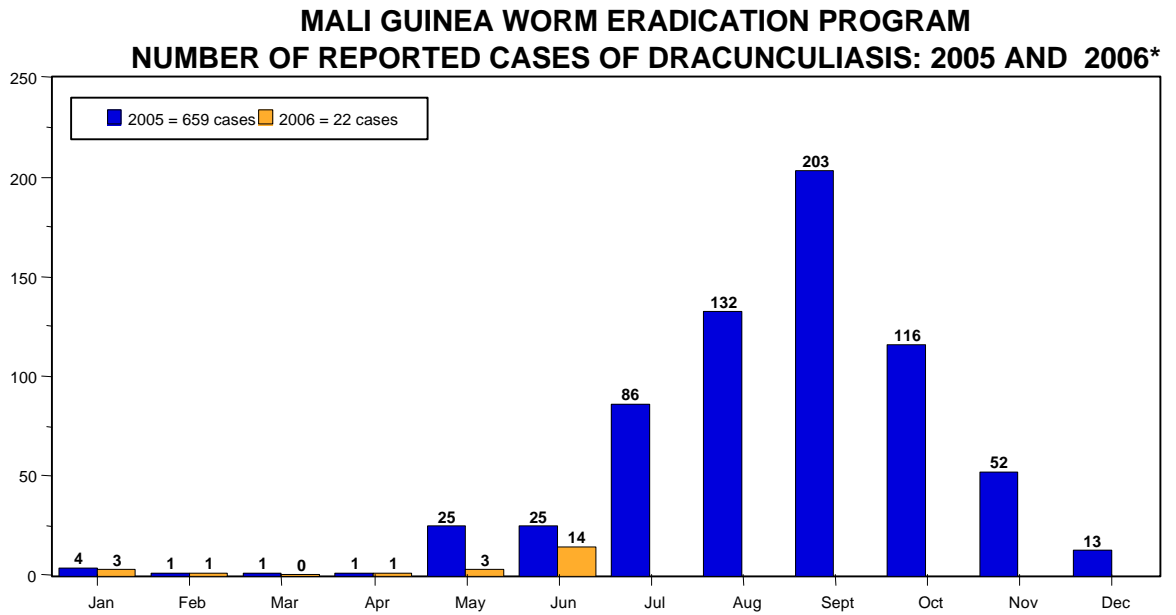
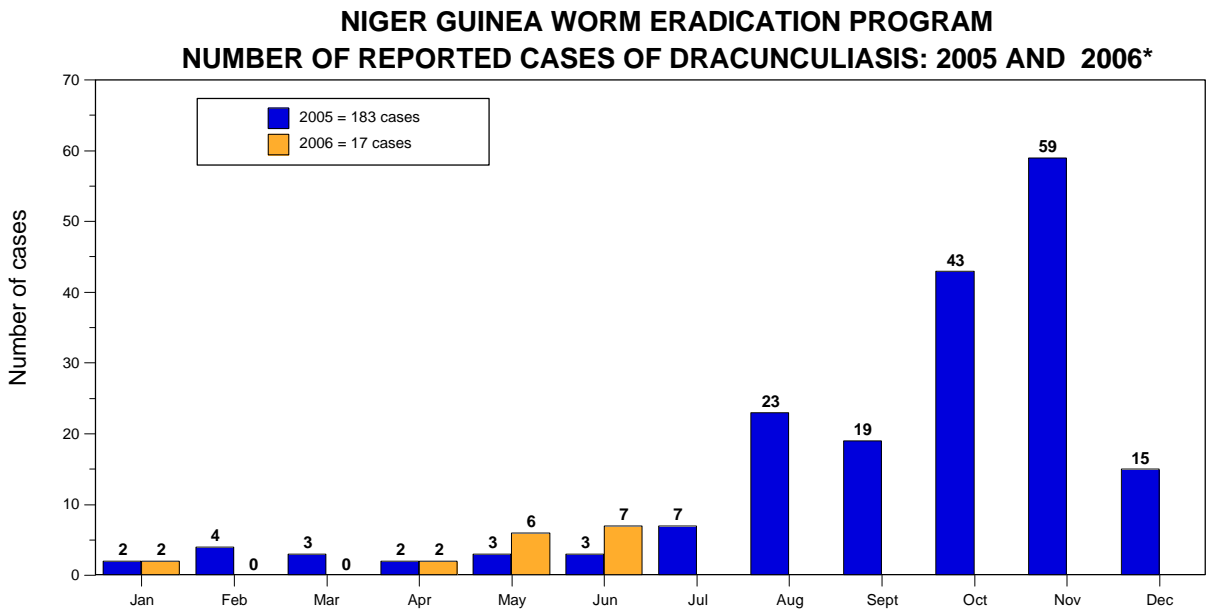


Figure 10



* Provisional

Figure 11

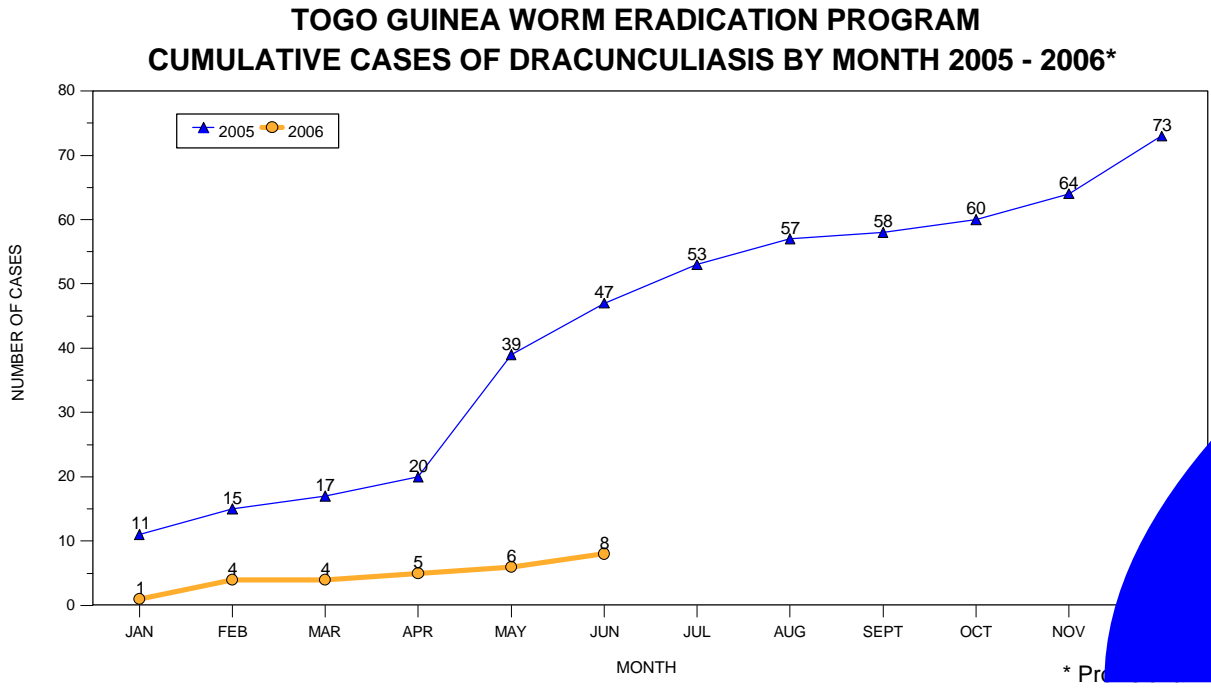


Figure 12

DEFINITION OF CASE CONTAINMENT

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

- 1.