Public Health Service
Centers for Disease Control
and Prevention (CDC)
Memorandum

DEPARTMENT OF HEALTH & HUMAN SERVICES

Date: January 11, 2008

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

Subject: GUINEA WORM WRAP-UP #178

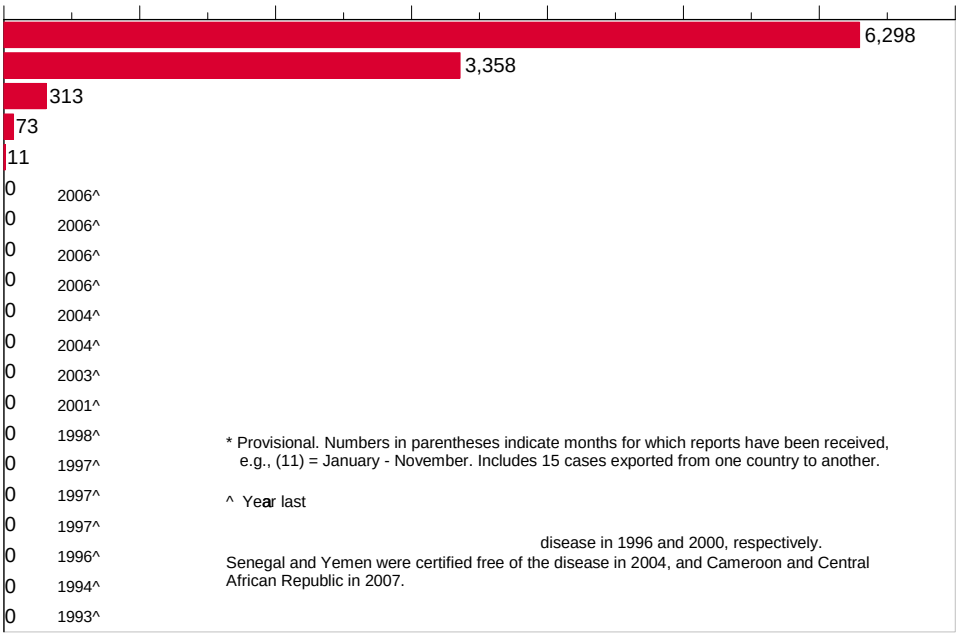
To: Addressees

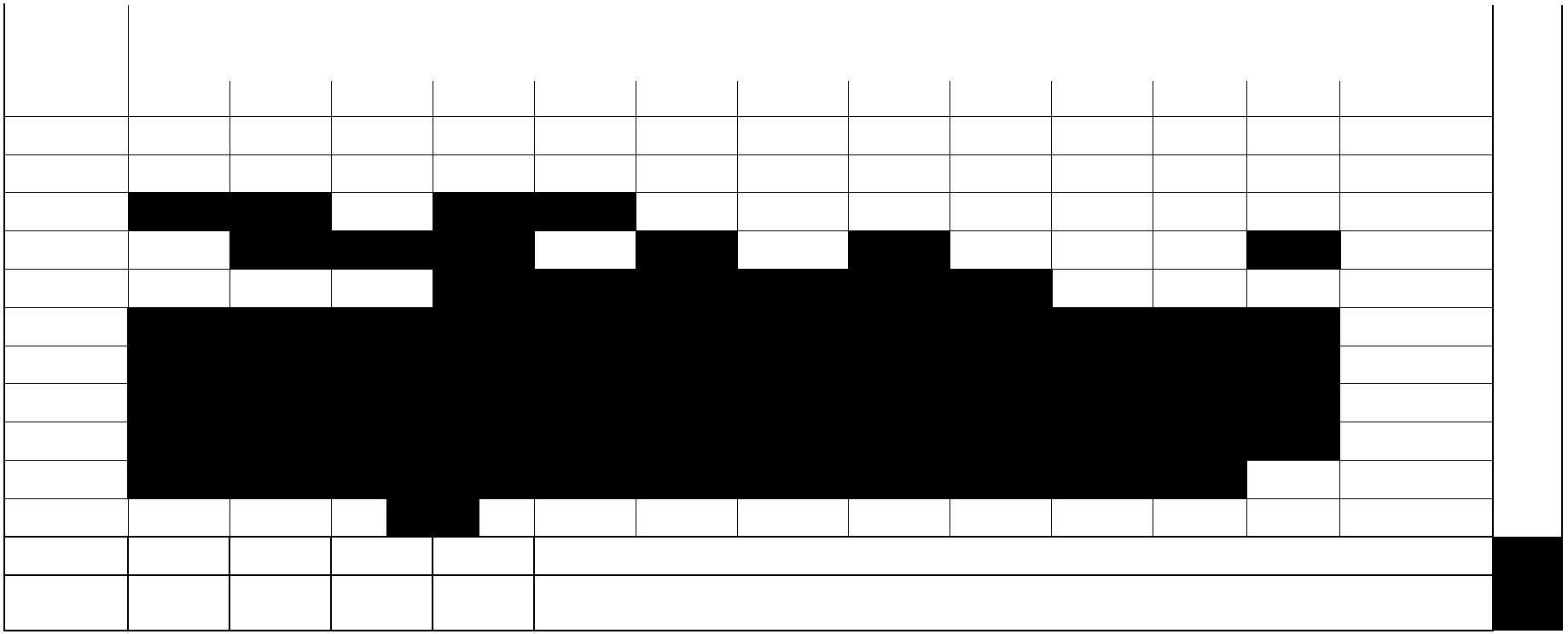
"Knowing is not enough; we must apply. Willing is not enough; we must do"
Goethe (1749-1832)

ETHIOPIA! COTE D'IVOIRE! BURKINA FASO! TOGO!

inisters

of health at the 2004 World Health As

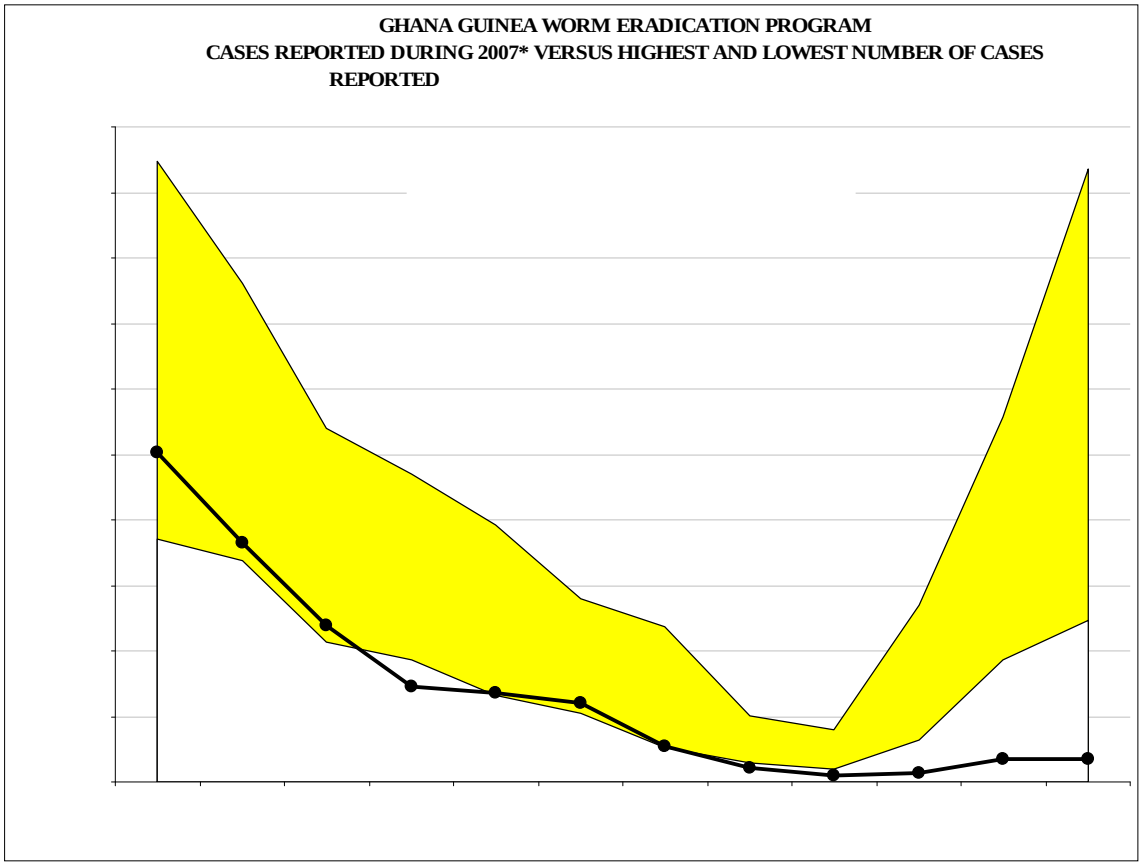




In Burkina Faso, five cases were reported in July-November 2006. Tondia Kangue village in Dori District reported two of the cases. Three of the cases were contained; two were imported from Cote d'Ivoire. Burkina also had two cases imported from Ghana in January 2007, one of which was reportedly contained. Togo reported 29 cases (23 contained; 4 imported from Ghana) in 2006, and only two cases, both imported from Ghana, one in February and one in April 2007. One of the latter two cases, a 13 year-old Peulh (Fulani) boy in Agbande village in Doufelgou District, was uncontained because he was detected on April 12 after his worm emerged on April 10. Burkina Faso, Cote d'Ivoire, and Togo will need to be alert in 2008, especially in January, to the risk of imported cases infected in northern Ghana in 2007 possibly appearing in unpredictable localities. The achievements of these four countries in reaching the momentous milestone of zero indigenous cases will be honored at the next Carter Center Awards for Guinea Worm Eradication Ceremony, which will be held on the first day of the African Regional Conference on Dracunculiasis Eradication in Abuja on April 2nd.

Of the five endemic countries now remaining from the 20 endemic countries when the global eradication campaign began in 1980, Sudan has reported 6,298 cases in January-November 2007, a reduction of -69% (Figures 1,2 and 4), Ghana reported 3,358 cases during Jan-Dec; -19% (Figures 1,2, and 3), Mali 312 cases in Jan-Dec; -3% (Figures 1,2 and 5), Nigeria 73 cases in Jan-Dec; +356% (Figures 1,2, and 6), and Niger 14 cases in Jan-Dec; -89% (Figures 1,2, and 7). Of the 14 cases reported in Niger in 2007 (including 3 cases imported from Mali), 13 were reportedly contained. Niger's only uncontained case in 2007 was in September in a 19 year-old Peulh shepherd boy in Tindikitane village of Tillaberi District who was isolated in a case containment center beginning more than 24 hours after his worm started emerging. It is possible that Niger had its last case in 2007, but in 2008 Niger (and Burkina Faso) will

Figure 3


GHANA GUINEA WORM ERADICATION PROGRAM
CASES REPORTED DURING 2007* VERSUS HIGHEST AND LOWEST NUMBER OF CASES REPORTED

NIGERIA WORKS TO

(percent Coverage) of the 3,212 endemic villages where the program intervened during Jan. – Oct. 2006 and the same period in 2007 is shown below.

Parameter	2006	2007
• With trained village volunteers	85%	94%
• With access to 1+ safe sources of drinking water	16%	19%
• 100% of households with cloth filters	10%	72%
• 100% of eligible persons with pipe filters	25%	34%
• 1+ health education sessions	66%	84%
• Monthly visits by supervisors	6%	63%
• 1+ protected with ABATE® Larvicide	7%	9%
• With established geographic coordinates	0%	34%

Sporadic insecurity during 2007 limited operations and access in the counties of Ayod, Jonglei State, Gogrial, Warrab State, and Jie, Eastern Equatoria State. Magwe County, Eastern Equatoria State remains off-limits because of the Lord's Resistance Army.

In northern Sudan, on November 15, Dr. Nabil Aziz, the former national program coordinator of Sudan's GWEP for over ten years, was named Acting Resident Technical Advisor for The Carter Center health programs. He replaces Mr. Miles Kemplay, who ended his service to The Carter Center and to the people of Sudan in order to pursue other options.

IN BRIEF

Mali detected a 159% increase of cases in Ansongo District, which reported 70 cases in November 2007, compared to 27 cases in November 2006. Most (55) of the new cases were from three formerly endemic (> 4 years ago) localities, which were discovered as a result of the Niger GWEP's cross-notification of a case imported into Niger from Tibanguir village in Ansongo, which was found to contain 33 of the new cases. The zonal supervisor of this area of Mali has been sanctioned. The program believes that the security situation in Kidal will have improved enough to permit access there in January 2008.

Niger conducted its second Worm Week of 2007 in parts of Tera District on October 25-29. Nigerien animators and program staff joined with four US Peace Corps Volunteers and a Japan International Cooperation Agency volunteer to carry out this event, which included a slide show prepared by the JICA volunteer and a theater group performance. Health and Development International funded four new "camel-back supervisors", and provided them with camels and saddles, to work in Tillaberi (3) and Ouallam (1) Districts. UNICEF has drilled eight successful boreholes in eight localities in Tera District.

Figure 4

SUDAN GUINEA WORM ERADICATION PROGRAM

NUMBER OF REP

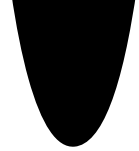


Figure 6

NIGERIA GUINEA WORM ERADICAT

Figure 8

Dracunculiasis Eradication Campaign

Reported International Exportation of 15 Cases of Dracunculiasis: 2007*

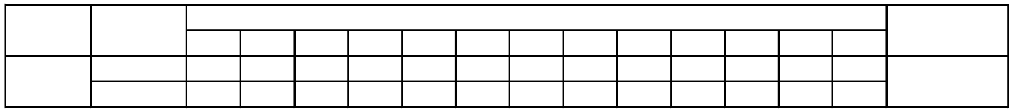
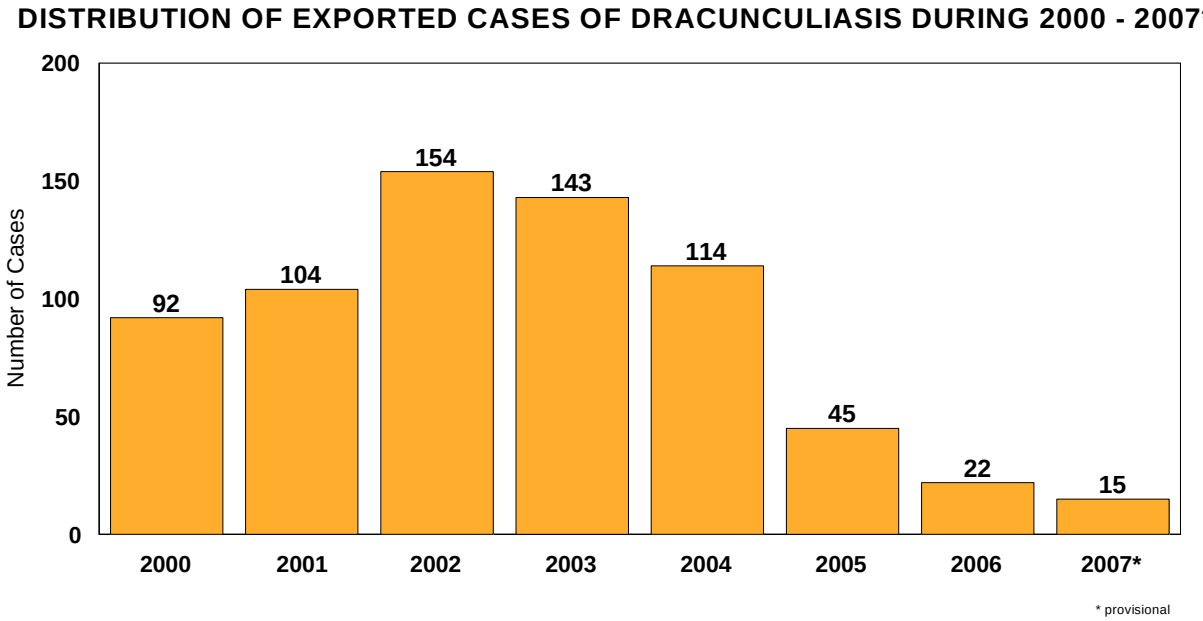


Figure 9



MEETINGS

- Executive Board of WHO, week of January 21, 2008; Geneva, Switzerland.
- Program Review for Southern Sudan GWEP, January 30-31, 2008; Juba, Sudan.
- 8th African Regional Conference on Dracunculiasis Eradication, April 2-4, 2008; Abuja, Nigeria.
- World Health Assembly, week of May 19, 2008; Geneva, Switzerland.

DEFINITION OF CASE CONTAINMENT

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 emerging worms are present, the case is not contained until the last worm is pulled out); and
4. The containment process, including verification that it is a case of Guinea worm disease, is validated by a supervisor within 7 days of the emergence of the worm.

RECENT PUBLICATIONS

Tayeh A, Cairncross S, 2007. Dracunculiasis eradication by 2009: will endemic countries meet the target? Trop Med & International Health 12:1403-1408.

Target Dates for Last Cases*

2006 – 2007	~~**Burkina Faso, Cote d'Ivoire, Ethiopia, Togo,**~~ **Niger, Nigeria, Mali**
2007 – 2008	**Ghana**
2009	**Sudan**

** Established by ministries of health at 2004 World Assembly. One year incubation period; thus cannot know until at least 1 year or be sure until 3 years required by the World Health Organization.*

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