

Date: April 20, 2009

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

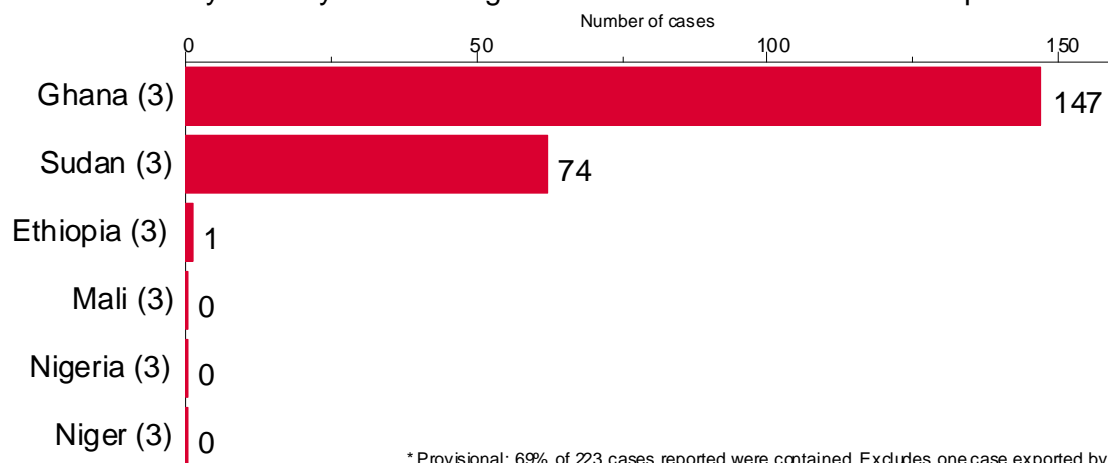
Subject: GUINEA WORM WRAP-UP #189

To: Addressees

Months since last indigenous case of dracunculiasis:  
Niger: 5 months, Nigeria: 4 months, Mali: 3 months

Number of uncontained cases so far in 2009:  
Sudan: 49, Ghana: 8, Ethiopia: 0

Figure 1  
Distribution by Country of 222 Indigenous Cases of Dracunculiasis Reported: 2009\*



\* Provisional: 69% of 223 cases reported were contained. Excludes one case exported by Ghana into Niger. Numbers in parentheses indicate months for which reports have been received, i.e. (3) = January – March.

**GHANA: -27% FEWER CASES, 86% CONTAINED IN 1<sup>ST</sup> QUARTER 2009**

Ghana has reported 147 cases of dracunculiasis in 31 villages in January-March 2009 (Figure 1 and Table 2). This is a reduction of -27% compared to the 201 02832). eD-.T.-/RT

far this year, however. Although not all cases met the criteria for case containment (see definition of case containment on last page), it is still possible to prevent transmission to others by careful use of

Table 1

Ghana Guinea Worm Eradication Program  
List of Uncontained Guinea Worm Cases and Interventions Against Transmission : 2009

Case #	# Worms	Age	Sex	Ethnic Group	Profession	Village	District	Region	Date				Dected <24 hrs? (Yes / No)	Water Contaminated? (Yes / No)	Date ABATE Applied	Case Contained? (Yes / No)	Admitted to a Case Containment Center? (Yes / No)	Patient had Guinea worm last year? (Yes / No)	Imported Case? (Yes / No)	Probable Origin of Infection (name of village, zone, or
									Suspect Case Identified	Worm Began to Emerge	Village Volunteer, or Case Containment Center, began to contain case	Case Confirmed by a Supervisor								
GHANA																				
1.1	1	50	F	DAGOMBA	FARMER	GRUMANI	TOLON-KUMBUNGU	NORTHERN		1/11/2009	1/21/2009	1/11/2009	NO	NO		NO	YES	YES	YES	ISSAPE
2.1	1	19	M	DAGOMBA	STUDENT	KARAGA	KARAGA	NORTHERN		1/12/2009	1/13/2009	1/12/2009	NO	NO		NO	YES	NO	NO	
3.1	1	60	M	GONJA	FARMER	LAMSA	EAST GONJA	NORTHERN	1/21/2009	2/5/2009	1/23/2009	1/23/2009	YES	YES		NO	YES	NO	YES	BUNKWA
4.1	1	33	M	GONJA	FARMER	GULUMPE	KINTMPO NORTH	NORTHERN	1/31/2009	2/6/2009	2/6/2009	2/6/2009	YES	YES	2/7/2009	NO	YES	NO	YES	FUFULSO
5.1*	1	52	M	DAGOMBA	FARMER	SHISHEGU	TAMALE	NORTHERN	1/15/2009	1/16/2009		1/16/2009	YES	NO		NO	NO	NO	YES	ISSAPE
6.1	1	30	M	DAGOMBA	FARMER	NYOHINI	TAMALE	NORTHERN		1/26/2009	1/29/2009	1/29/2009	NO	NO		NO	NO	NO	YES	FUFULSO
7.1	1	7	F	DAGOMBA	FARMER	SAVELUGU	SAVELUGU-NANTON	NORTHERN		3/26/2009	3/27/2009	3/27/2009	YES	NO		NO	YES	NO	NO	
8.1*	2	30	F	GONJA	HOUSE WIF	KUSAWGU	CENTRAL GONJA	NORTHERN		3/20/2009		3/21/2009	YES	YES	3/25/2009	NO	NO	NO	YES	

\* Patients refused bandaging / containment despite being detected within 24hrs

Table 2

Number of Cases Contained and Number Reported by Month during 2009\*  
 (Countries arranged in descending order of cases in 2008)

	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*	% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
SUDAN	3 / 12	8 / 17	14 / 45	/	/	/	/	/	/	/	/	/	25 / 74	34
GHANA	40 / 45	49 / 50	38 / 52	/	/	/	/	/	/	/	/	/	127 / 147	86
MALI	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	0 / 0	100
ETHIOPIA**	0 / 0	0 / 0	1 / 1	6 / 6	/	/	/	/	/	/	/	/	7 / 7	100
NIGERIA	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	0 / 0	100
NIGER	0 / 0	0 / 0	0 / 1	/	/	/	/	/	/	/	/	/	0 / 1	0
TOTAL*	43 / 57	57 / 67	53 / 99	6 / 6	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	159 / 229	69
% CONTAINED														
% CONT. OUTSIDE SUDAN														

Figure 2

Country	2008	2009*
Nigeria (3)	37	0
Mali (3)	1	0
Ethiopia (3)	10	1
Sudan (3)	154	74
Ghana (3)	201	147
Niger (3)	0	0
Total	403	222
All countries, excluding Sudan	249	148





Figure 3

### SUDAN GUINEA WORM ERADICATION PROGRAM

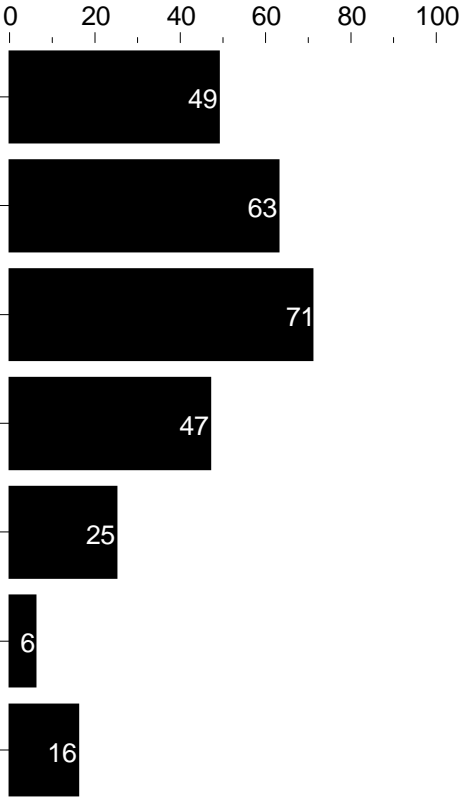




Table 4

## Dracunculiasis Eradication Campaign: Status of Interventions:2008\*

Countries Reporting Cases in 2008	Number of reported cases (indigenous) in 2008*	Number of reported cases (imported) in 2008*	% of all cases reported that were contained during 2008*	Overall % change in cases in endemic villages/localities during 2007-2008	Villages/Localities								
					2008*			Status of Interventions during 2007-2008					
					No. reporting one or more cases	No. reporting only imported cases	No. reporting indigenous cases	Endemic villages 2007-2008	% reporting monthly^	% with filters in all households^	% using Abate^	% with one or more sources of safe water^	% provided health education^
Sudan	3,618	0	49%	-38%	1,243	296	947	2,301	87%	79%	34%	15%	96%
Ghana	501	0	85%	-85%	131	85	46	197	98%	75%	58%	46%	100%
Mali	417	0	85%	33%	69	43	26	113	100%	100%	56%	21%	100%
Ethiopia	39	2	78%	~	11	9	2	2	100%	98%	70%	50%	100%
Nigeria	38	0	100%	-48%	5	3	2	4	100%	100%	100%	80%	100%
Niger	2	1	67%	-82%	3	1	2	7	100%	100%	86%	71%	100%
Burkina Faso	0	1	100%	NA	1	1	NA	NA	NA	NA	NA	NA	NA
Total	4,615	4	57%	-52%	1,463	438	1,025	2,624	89%	79%	37%	18%	96%
Total outside Sudan	997	4	85%	-73%	220	142	78	323	100%	80%	70%	42%	99%

\* Provisional

^ The base of the percentage is the number of villages/localities where the program applied interventions during 2007-2008

NA = Not applicable

Region by the National Program Coordinator, Mr. Gole Ejeta, but worked with regional and local health authorities.

## **STATUS OF INTERVENTIONS AND CASE CONTAINMENT CENTERS IN 2008**

Summary statistics for each of the national GWEP during 2008, including coverage of interventions in the 2007-2008 endemic villages, is summarized in Table 4, and the proportion of cases contained in case containment centers is summarized in Table 5. Cases of Dracunculiasis exported from one country to another are shown in Table 6.

## **WHO REPORTS**



### WORKSHOPS ON GUINEA WORM INFORMATION MANAGEMENT SYSTEM (GWIMS)

WHO organized two workshops of the data managers of GWEPs and national surveillance officers: one for French speaking countries, held during April 7-9 in Bamako, Mali, and one for English speaking countries, held in Addis Ababa, Ethiopia during April 20-22, 2009. Representatives from Burkina Faso, Cote d'Ivoire, Ethiopia, Ghana, Mali, Niger, Nigeria, Sudan, Togo, and Uganda attended the Workshops, reviewed the strengths and weaknesses of the existing data management and information system for reporting on GWD as well as the interventions carried out under GWEP. Participants welcomed the data management application (GWIMS) developed by WHO and requested technical assistance for its implementation. Best practices for managing Guinea worm eradication data were identified, including sharing of information with the national integrated disease surveillance and response system (IDSR) and the need to adhere to standard definitions.

### CONSULTATIONS TO NIGERIA AND UGANDA

The Ministry of Health of Nigeria has requested WHO to advise on strengthening nation wide surveillance for GWD. WHO/Geneva and WHO/AFRO staff plan to visit Nigeria during April 23 – May 1, 2009.

WHO/Geneva and WHO/AFRO staff will conduct an assessment of Uganda's GWEP during April 27 – May 5, 2009.

### **IN BRIEF:**

Sudan has reported 74 cases during January – March 2009, -52% versus 154 cases in the first quarter of 2008 (Table 2 and Figure 2). The status of key program indicators in endemic villages in 2006-2008 is summarized in Figure 3. A three day facilitation workshop on behavior change communication was held in Kapoeta, Southern Sudan during March 11-13, 2009 with the objective of teaching Technical Advisors and Field Officers of the SSGWEP how to facilitate a dialogue with residents of endemic communities leading to an understanding of why dracunculiasis exists in their community, and consensus regarding what behavior changes residents agree to adopt in order to prevent transmission of dracunculiasis. About 25 program staff attended.

Table 5

**Global Campaign to Eradicate Guinea Worm Disease  
Role of Case Containment Centers in 2008**

Country*	2008						
	Number of Cases Reported (national)	Number of Cases Contained (national)	% of national cases contained	Number of CCCs in which cases were contained	Number of Cases Contained at CCCs	% of national cases reported that were contained at a CCC	% of national cases contained that were contained at a CCC.
Sudan	3,618	1781	49	0	0	0	0
Ghana	501	428	85	11	183	37	43
Mali	417	354	85	3	124	30	35
Ethiopia	41	32	78	1	32	78	100
Nigeria	38	38	100	1	38	100	100
Niger	3	2	67	3	2	67	100
Total	4,618	2635	57	19	379	8	14
Outside Sudan	1,000	854	85	19	379	38	44

\*Excludes one case of GWD imported into Burkina Faso.

CCC is an ad hoc facility or existing primary health care facility or hospital.

Table 6

**Dracunculiasis Eradication Campaign  
Reported Importations and Exportations of Cases of Dracunculiasis: 2008**

From	To	Month and number of cases imported												Number of cases exported	
		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.		Total
Ghana - Burkina Faso					1									1	1
Sudan - Ethiopia				1						1				2	2
Mali - Niger			1											1	1
Total		0	1	0	2	0	0	0	0	1	0	0	0	4	

**MEETINGS:**

An Informal Meeting with Ministers of Health of Guinea Worm Affected Countries will be held during the World Health Assembly in Geneva, Switzerland on 20 May 2009 from 18:00 to 20:00. This meeting will review the status of and commitment for eradication of dracunculiasis.

The next meeting of the International Commission for the Certification of Dracunculiasis Eradication will be held at World Health Organization headquarters in Geneva on October 21-23, 2009.

The World Health Organization will host a review meeting of the GWEPs in French speaking African countries now in the pre-certification stage of eradication in Geneva during May 7-9, 2009.

#### EMAIL ADDRESSES OF PROGRAM COORDINATORS OF NATIONAL GWEPs:

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#### 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 mo