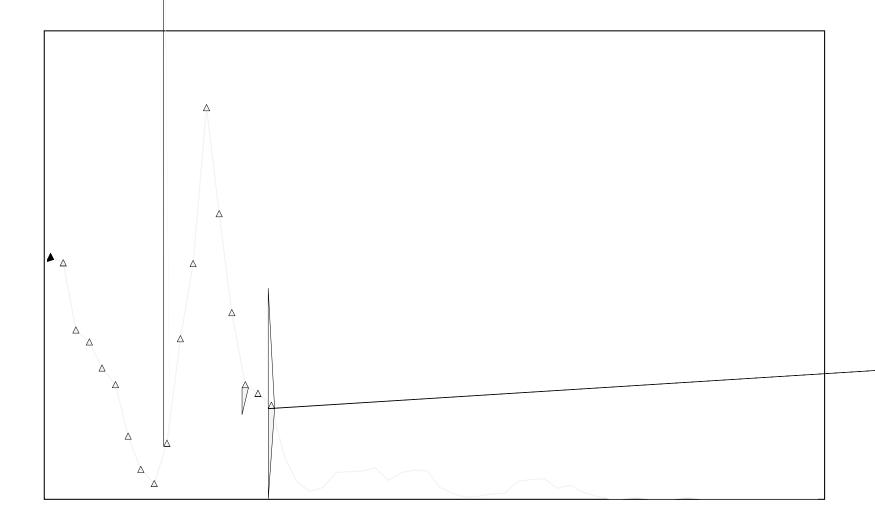
Public Health Service Centers for Disease Control and Prevention (CDC)

Memorandum

Date: January 7, 2011



## Surveillance, Surveillance, Surveillance!

### SUDAN: GUINEA WORM "PEACE DIVIDEND" GETTING CLOSER

Results presented at the Fifth Annual Programewiew of the Southern Sudan Guinea Worm Eradication Program (SSGWEP) that sheld in Juba on December 8-9, 2010 show continued progress 2010 towards the goal of interrupting transmission of Guinea worm disease in Southern Sudan by the end of 2012. Between 2009 and January - November 2010, the number of sauses reduced by 38%, from 2,733 to a provisional total of 1,686 (Figure 2), and the number of endemic villages reporting

indigenous cases was reduced by 61% from 524009 to 226 in 2010. During January-November 2010 a total of 726 villages reported one or more sasseGWD, and 500 of those villages reported only imported cases. Since 2006 the SSGWEP has reduced the number of cases by 92% and the number of endemic villages by 93%. Figure 3 shows the gapping distribution of endemic villages during 2009 and 2010.

Seventy-four percent (74%) of thoseses reported so far in 2010 werentained, and 30% of all cases were contained in a case containment center, compared to 8% contained in a case containment center in 2009. The monthly reporting rate and percentages endemic villages with health education and complete cloth filter coverage was near 100% 2609 and 2010, while therecentage of endemic villages with pipe filters increased from 47% to 60% BATE® Larvicide coverage increased from 45% to 60% and safe water coverage exacted from 16% to 22% of endemittages. The Ministry of Water Resources and Irrigation (MWRI) and UNICEF completed for 100 new water points targeted for 2010. These new water points were completed in 69 villatgratereported 547 cases of Guinea worm disease in 2009 (20% of all cases that year) and 130 cases in 2010 (8% of 1,686 cases in 2010). MWRI and UNICEF expect to begin drilling by six contractors in ind-January 2011. Repair of several boreholes in endemic communities in the Greater base focus has languished, however.

Southern Sudan now contains 95% of all cases inwithed. 91% of all Southern Sudan's cases in 2010 occurred in only 6 of Southern Sudan's 80 countiest North, East and South Warrap State, Kapoeta East and North in Eastern Equatoria State, and Awerial in Lakes States same six counties contain 87% of all cases remaining in the world. The Great apoeta focus is an especially complex mix of transmission in villages, gardens (farming areas), canttle camps, with frequent migration among the different sites and resistance to bandagilt also is the site of earth transmission in the calendar year (Figure 4). SSGWEP operations were disrupted bin security incidents in 2010, compared to 32 such incidents in 2009. There is some concern about stands of displaced perss now returning to high-risk areas, especially in Warrap State.

The Integrated Disease Surveillance and Response (IDS) stem being assisted by the World Health Organization (WHO) and the United States Agency International Development (USAID) as the main means to detect cases in GW-free areas has improved range of 57 (71%) of all counties reported in weeks 37-45 of 2010, but needs to improve even more in order to detect any imported cases of GWD in GW-free areas quickly. Of Southe dan's 80 counties, 18 still haive ligenous transmission of GWD and 62 are considered GW-free. Still urgently needed written Plan of Action for implementation, supervision, monitoring and evaluation of surveillarin GW-free areas including standardized protocol and case investigation and cross-notification for the gram Review are listed below.

The Review, which was attended by the Acting Minister of Health, Her Excellency Agnes K. Lasuband the Minister of Water Resources and Irrigation, His Excellency Paul Mayoum Akec Three County Commissioners from Tonj South, Tonj East and Terekeka also attended, as did representatives from WHO, UNICEF and The Carter Center.

Figure 2

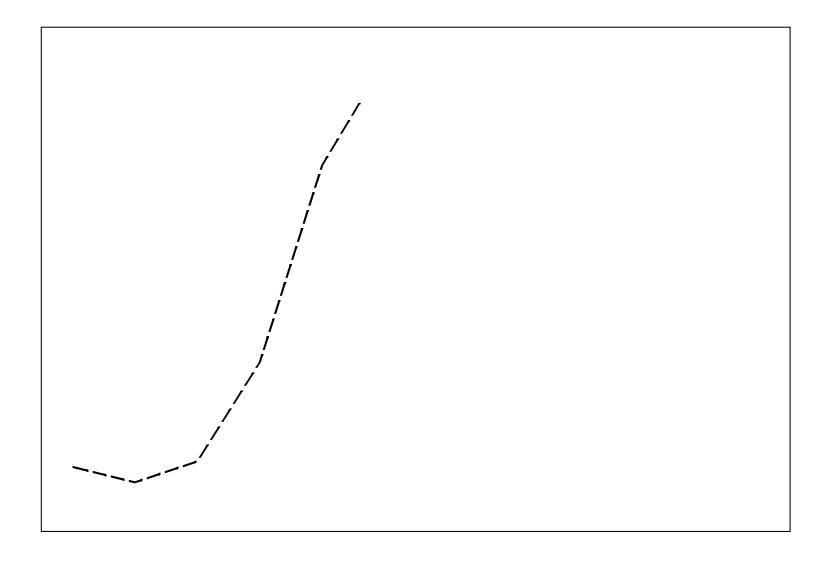
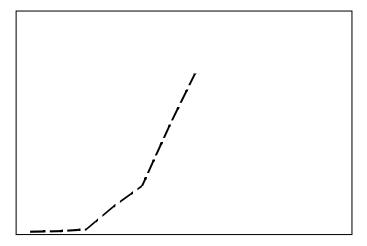




Figure 4



years of intense and heroic efforts. THANK YOUeAland welcome to your new position, David! Ms. Jessica Flanneris the new deputy RTA in Juba. Welcome Jessica!

# 5<sup>th</sup> Annual SSGWEP Review Meeting Recommendations

- 1. The Task Force should meet every month, review the progress and plan for subsequent months. Start date of February 1, 2011.
- 2. The Ministry of Water Resources and Irrtigon, with the assistance of the SSGWEP, should write letters to the State Governoofrs EQ, Warrap, Lakes States, and the County Commissioners of Tonj North, Tonj East and Tonj South, Kapoeta East, Kapoeta North and Aweriel targeting the 84 highest priority EVs as of 2010 for safe water provision.
- 3. The Technical Advisors/Program Officers should analyze and investigate with the Field Officers the reasons for non-containment officers of GWD during 2010 in order to improve containment rates during 2011.
- 4. The SSGWEP should consider using "Official Pond Protectors" in special locations such as where Abate can not be applied, largewaources, 5+ villages, villages with low filter uptake, and cattle camp populations.
- 5. The state and county surveillance officens at the SSGWEP at least on a monthly basis should exchange information on the rumand confirmed guinea-worm disease cases, list of priority villages, villages with GW volunteers.

<u>Detect Every Case! Contain Every Worm! Explain</u> Every Source!

### ETHIOPIA & MALI: ALMOST THERE

Ethiopia has reported 20 indigenous cases of dradiansis in 2010, plus one case imported from Southern Sudan, compared to 24 indigenous cases reported during 2009, for a reduction of 17%. (Figure 5) Cases were reported in eleven months of 20 to 10 (Fary – December), compared to six months of 2009 (March-August), which suggests the program diddetect all cases of the disease in 2009. The line listing of cases in 2010 is given in Table 1 20 indigenous cases were reported from 9 villages in Gog woreda (district) of Gambella Region, including 4 village that only had cases imported from other communities in the district. (Figure 6: Map)

With 19 (90%) of the 21 cases contained, compare 70% (19/24 cases) containment rate in 2009, the Ethiopian Dracunculiasis Eradication Program (EDEP) ears to have had tighter control measures as well as better surveillance in 2010. Eighteen the cases in 2010 were contained in a case containment center. During 2010 the EDEP conducted active surveil and all 69 villages of Gog District, and all of the endemic villages were covered by health education and pipe filters, and ABATE® Larvicide. Six of the 9 villages reporting cases had a least one source of safe water. UNICEF plans to help drill five new borehole wells early in 2011, to cover somewhord the five most vulnerable sites remaining: Chayanak, Wichini, and Utuyu viltaes, and the walking paths between Pugnido Refugee Camp (PRC) and Abawiri village and between PRC and Wichinilage. The EDEP held its annual in-country Program Review at Gambella Town on Decembe 2000, and increased the cash reward for reporting a case to 1,000 birr (~US\$63) effective January 1, 2011.

Figure 5

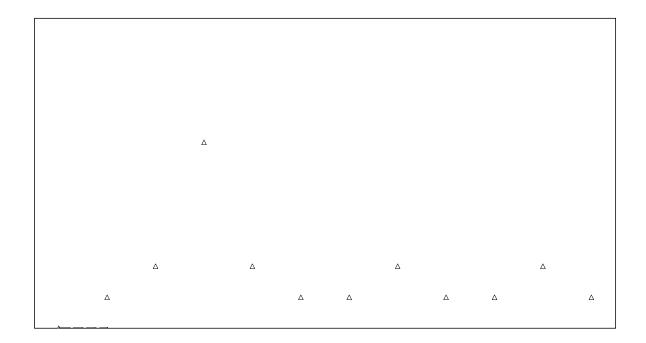
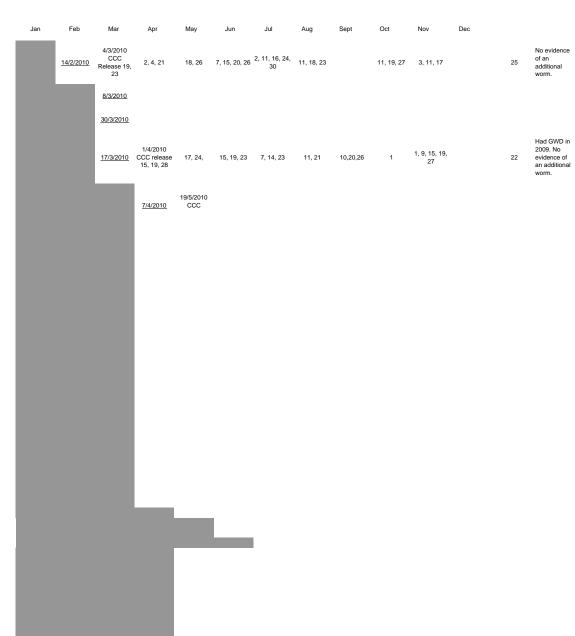


Table 1

Gambella	Agnuak	Gog	Pugnido	Agenga	February	1.1	14	F
						2.1		
						2.2		
Gambella	Agnuak	Gog	Pugnido	Abiwiri	March	3.1	35	F
Gambella	Agnuak	Gog	Pugnido	Utuyu	April	4.1	60	F



No evidence

Had GWD in

worm.

YES

YES

### Table 1 (cont.)

EDEP-2010 GWD Case Follow-Up Summary Continued

Decies	7000	Morado	Kebele	Village of	Month	Case/ Worm	A	0	Date of Guinea worm emergence, and dates patient was monitored for additional Guinea worms						Total Number of	Outcomes/	Case						
Region	Zone	Woreda	Kebele	Detection	Month	Number	Age	Sex	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Follow-Up Visits	Findings	Contained?
Gambella	Agnuak	Gog	Pugnido	Wichini	June	12.1	34	м						17/6/2010	15/7/2010 23/7/2010	16, 21, 23,	10,14,17,27	8, 12, 15, 21	9, 16, 23, 29		17	Multiple worms. Currently	NO
Cambolia	rigiliaik	Cog	T agrillao	VVIOLIIII	July	12.2									CCC Release 30	26		26	5, 15, 25, 25			monitoring a swelling on his leg.	
Gambella	Agnuak	Gog	Pugnido	Wichini	July	13.1 13.2 13.3 13.4 13.5	60	F							12/7/2010 15/7/2010 22/7/2010 27/7/2010 29/7/2010		7/9/2010 CCC Release 10,11,13,14, 16,17,20,23, 24,26,27,29	21, 24, 26	, 6, 9, 16, 20, 26, 29		25	Multiple worms.	YES
Gambella	Agnuak	Gog	Pugnido	Abiwiri	August	14.1	35	F								<u>1/8/2010</u>	7/9/2010 CCC Release				0	No evidence of an additional worm.	YES
Gambella	Agnuak	Gog	Gog Dipach	Wadmaro	August	15.1	40	F								1/8/2010, 8/26/2010 CCC Release	9,11,15,18,2 3,25	8, 12, 16, 24 27	, 7, 10, 17, 25, 27		16	No evidence of an additional worm.	YES
					September	16.1											9/27/2010		22/11/2010 Wounds			Multiple worms.	
Gambella	Agnuak	Gog	Pugnido	PRC Agnuak		16.2	38	F									9/30/2010		Healed and Sent to Chieng		2	Currently monitoring a swelling on	YES
					October	16.3												14/10/2010	26, 29			his leg.	
Gambella	Agnuak	Gog	Pugnido	Utuyu	October	17.1	35	F										4/10/2010	10/11/2010 CCC Release			No sign of additional worm	YES
Gambella	Agnuak	Gog	Thatha	Akek Terbuni	November	18.1 18.2 18.3	60	М											5/11/2010 10/11/2010 6/12/2010		Currently in CCC	Multiple worms.	YES
Gambella	Agnuak	Gog	Pugnido	PRC Agnuak	November	19.1 19.2 19.3	50	F											23/11/2010 23/11/2010 3/12/2010		Currently in CCC	Multiple worms.	YES
Gambella	Agnuak	Gog	Pugnido	PRC Agnuak	December	20.1	12	М												12/31/2010	Currently in CCC	No sign of additional worm	YES

Date of Travel History:

Year, Village and District

1**	PDB10-10	Nanguigoto	Nanguigoto	Guelendeng	60	F	April 2010	04 2010 (2 worms)	April 2010	1-Apr-2010	Yes	No	2008:Mitau Village, Guelendeng District; and Bram Village, Massenia District
2**	PDB10-9	Nanguigoto	Nanguigoto	Guelendeng	27	F	18-Jun-10	18 June 2010 (1 worm)	19-Jun-2010	23-Jun-2010	Yes	No	2008:Mitau Village, Guelendeng District
3		Matassi	Matassi	Massenya	27	F	20-Aug-10	24-Aug-2010 (1 worm)	12-Sept-2010	24-Aug-2010	Yes	No	2005 and 2009:Matassi Village, Mandalia District
4	PDB10-16	Madjafa and Matassi	Abba Limane	Guelendeng	15	М	24-Aug-10	10-Aug-10 (1 worm) Sep 2010 (1 worms)	30-Aug-2010 and Sept 2010	2-Sept-2010 and Sept 2010	Yes	No	2010:Abba Limane Village, Guelendeng District
5**	PDB10-17	Abba Limane since June 2010	Madjafa	Dourbali	25	M	Aug-10	24-Aug-2010 (2 worms)	25-Aug-10	16-Sep-2010	Yes	No	2009:Raihoutou Village, Guelendeng District
6**	PDB10-15	Abourgoui	Abourgui	Dourbali	60	М	2-Sep-10	July-2010 (5 worms)	13-Sept-10	13-Sept-10	Yes	No	1950s ?:Aboukgai Village, Dourbali District
7**	PDB10-19	Moulkou	Moulkou	Guelendeng	4	F	17-Sep-10	17-Sept-2010 (1 worm)	17-Sept-10	23-Sep-2010	Yes	No	2009:Cigague Village, Bongor District
8	PDB10-18	Kakoua	Kakoua	Sarh	9	М	1-Oct-10	1-Oct-2010 (1 worms)	2-Oct-10	11-Oct-2010	Yes	No	
9		??	Sila	Melfi	10	F	1-Oct-10	1-Oct-10 (1 worm)	2-Oct-10	11-Oct-2010	Yes	No	
10		??	Sila	Melfi	42	F	15-Sep-10	15-Sept-10 (2worms)	15-Sep-10	22-Spt-10	Yes	No	

<sup>\*</sup> Provisiona

<sup>\*\*</sup> Worm specimens obtained from these patients were confirmed to be Dracunculus medinensis by the Centers for Disease Control and Prevention in Atlanta.

Patients 1 and 4 dates (underlined) are puzzling.

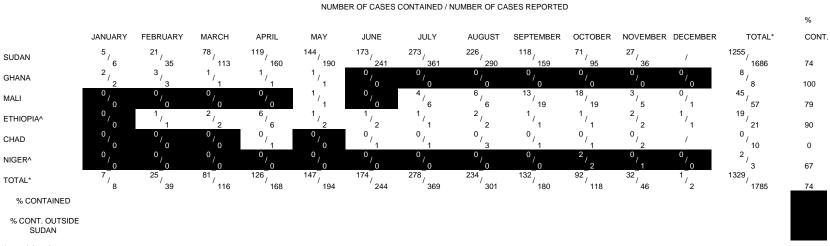
PDB10-15, 17, 19 "preserved" in water

PDB10-16 no specimen in container. However there is an photograph of this patient with a GW emerging from his ankle.

PDB10-18 fixed in formalin

Table 3

Number of Cases Contained and Number Reported by Month during 2010\* (Countries arranged in descending order of cases in 2009)



<sup>\*</sup> provisional

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

%



<sup>^</sup> Ethilopia reported and imported case from Southern Sudan in June, and Niger reported three imported cases from Mabie@aindOcin November). The origin of cases in Chad is uncertain. Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were perfect that month.

Figure 6 Global Number of Reported Cases of Dracunculiasis During 2006 -2010\*

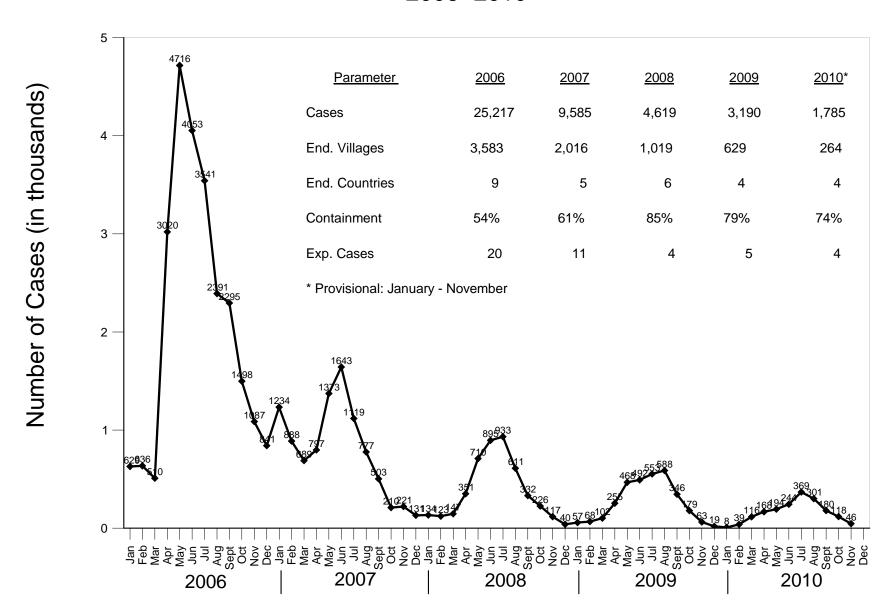


Figure 7

# Figure 8

Country	Indigenous Cases Reported					
	2009	2010*				
Ghana (12)	242	8				
Mali (12)	186	57				
Sudan (11)	2719	1686				
Ethiopia (12)	24	20				
Chad (12)		10				
Total	3171	1781				
All countries, excluding Sudan	452	95				

<sup>\*</sup> Provisional: excludes cases exported from one country to another (11) Indicates months for which reports were received, i.e., Jan.-Nov..2010\*

# RECENT DONATIONS FOR GW ERADICATION

The Carter Center is pleased announce three weepledges received for the Guinea Worm Eradication Program from the Conrad N.

### **IMPORTANT DATES IN 2011**

- x January 9: Referendum on Southern Sudan independence
- x January 17-25: meeting of WHO Executive Board, WHO headquarters in Geneva (report and draft resolution on global GWEP)
- x January 26: Press event in Accraatmounce 2010 results of Ghana's GWEP
- x February 15-18: Program Review for GW emidite countries and countries in pre-certification stage, at The Carter Center in Atlanta
- x February 17: Carter Center Ceremony to hointerruption of GW transmission in Niger and Nigeria, in Atlanta
- x May 16-24: World Health Assembly in Gene(vaport, resolution, exhibit and meeting on global GWEP)

### **DEFINITION OF CASE CONTAINMENT**

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

- 1. The patient is detected before or within 24 hours orm emergence and
- 2. The patient has not entered any water so since the worm emergeal nd
- 3. The village volunteer has properly managed case, by cleaning and bandaging until the worm is fully removed, and by giving health edtion 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 verificatthat it is a case of Guinea worm disease, is validated by a supervisor within 7 day/sthe emergence of the worm.

### RECENT PUBLICATIONS

Eberhard ML, Ruiz-Tiben E, Korkor AS, R&L, Downs P, 2010. Case report: emergence of Onchocerca volvulufrom skin mimickingDracunculus medinensisAm J Trop Med Hy 3: 1348-1351.

Hopkins DR, 2010. Progress on neglected disease is most moot if we neglect that the dicine 16(2): 1358.

Meyer C, 2010. Der Pracsident und der Wulder Spiege 50:118-122.

World Health Organization, 2010. Monthly report dracunculiasis cases, January-September 2010. Wkly Epoypemson too [(54c0l.8i0.56m)7.World Healta5eD4Sfrom8-

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