

1

South Sudan Guinea Worm Eradication Program Reported Cases of Dracunculiasis by Month, 2010 - 2012*

Bigger reduction in cases:

Recent annual reductions were 24% (2009), 38% (2010), 39% (2011) 156 uncontained cases January May 2011 vs. 76 uncontained cases January May 2012*

Figure 3

Smaller endemic area:

Reductions of 39% in number of non EVS, and of 55% in EVS reporting cases (Fig. 3). 584 endemic villages (EVS) in 2009, 227 EV in 2010, 125 EV in 2011 83% of all cases were in only one county (Kapoeta East, of E. Equatoria) in January May 2012*

Figure 4

Stronger interventions:

Reductions of 47% in numbers of cases reported from Non EVS

Figures 3 and 4 illustrate the reductions in diseaseendemic and non endemic villages reporting cases of GWD, and the numbers of cases reported from these villages during January- April 2011, and 2012. The trends in reported cases from the three foci of transmission of GWD during 2011 and 2012, are

SOUTHERN SUDAN GUINEA WORM ERADICATION PROGRAM CASES REPORTED AND CONTAINED DURING 2012* BY STATE, COUNTY AND MONTH

State County

Cases Contained / Cases Reported

% Contained

Figure 7

Country

	2011	2012*
Chad (5)	2	0
Ethiopia (5)	5	2
South Sudan (5)	621	265
Mali (5)^	0	0
Total	628	267
All countries, excluding Sudan	7	2

* Provisional.Numbers in parentheses indicate months for which reports have been received, i.e., (5) = January - Mayca Executed from one country to another.

by the Secretary-General Pro<u>M.S.</u> <u>Traore</u> The representatives of each of the four countries that reported cases in 2011 (South Sudan, Mali, Chad, Ett)iodeiscribed the status of eradication efforts in their nations. <u>Dr. Abdul Al-Awa</u>di(chair) and <u>Dr. Joel Brem</u>an





<u>Chad.</u> <u>Mr. Adam Weis</u>sassistant director of the GWEP at The Carter Center and <u>Dr. Nandini Sreenivasa</u>rEpidemic Intelligence Services Officer from the Centers for Disease Control and Prevention visited Chad on April 20 – May 23, 2012 to assist the Ministry of Health of Chadanfurther investigation of the cases of GWD that occurred in Chad in 2010 and 201The local office of the World Health

Organization provided part of the transpor





<u>Niger.</u> The Niger GWEP continued to maintaburveillance for possible cases of GWD, especially among displaced Maliaim refugee camps. During assessments in these camps in February and April 20002strengthen surveillance for possible cases of GWD, the following observations were made:

- 1. As of May 2012 report, no cases of GWD caseewreported in Niger. One rumor was reported from a refugee camp in April 2012 which as investigated and GWD was ruled out.
- 2. Leaders of the refugee camps are committed dottinue social awaress in these camps to ensure early detection of cases, and to continuine form residents about the availability of cash rewards for information leading to confirmation of cases of the disease.
- 3. Written instructions were given at all the levels the health system to strengthen the sensitivity of GWD surveillance within the integrad disease surveillance and response system.
- 4. Increase the advocacy for greater commitmient GWD surveillance among administrative authorities and NGOS in these refugee camps.

Other measures included: identification of heat camps hosting refugees and determining the status/origin of the refugees. The remaining challe is gathe insecurity in the entire area north of Tillabery and Tahoua districts making visits te the fugee camps only polsies with military escort.



<u>Sudan</u> <u>Dr Gautam Biswa</u>sTeam Leader, Guinea Worm Eradication, WHO, Geneva, visited Sudan fromth2April to 10th May. The visit included desk reviews of GWD surveillance and reporting fromethvillage-based activease searches, the national integrated disease surveillance æsponse system (IDSR) and the Health

and Management Information System, at the Nationate Stand District levels. Visits to former endemic villages were made in the States of North Koado and White Nile. Following the review, areas of priority for implementation were discussed with **oatil** health authorities. The focus was to prioritise awareness generation on the reward scheme and to need bot on any suspected ses, especially in the states bordering South Sudan and Chad. A nation-wide ysus vplanned to be carried out at the end of the year during the house-to-house survey to bried aout during a polio eradication search for cases of acute flaccid paralysis.

WHO Workshop for GWEP Data Managers:

The Regional WHO Office for Africa (AFRO)

<u>"Foul Water, Fiery Serpent"</u> As of June 1, 2012, the document a four Water, Fiery Serpent" has been broadcast 642 times in 122 television markets, convertore than 76 percent of the U.S. This film was produced in 2010 by Cielo Productions under the leadership of Mr. Gary Striftkeponsorship by <u>Mr</u>. JohnMoores former chairman of the Board of Trustees of The Carter Center.

THIRTY YEARS SINCE WASHINGTON WORKSHOP ON GUINEA WORM DISEASE

June 16-19 will mark the thirty year annivers are the Workshop on Opportunities for Control of Dracunculiasis that met in Washington, Durader the chairmanship of Dr. Myron SchudfzCDC. This was the first international meeting devoted to draclians is. It was conceived by CDC, sponsored by the National Research Council of the U.S. Nationala deemy of Sciences, co-sponsored by WHO, and funded by the United States Agency for International avelopment (USAID). It brought together 27 multi-disciplinary experts, including scientists from Ghana, India, Nigeria and Togo.

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