



Date: February 21, 2005



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

Subject: GUINEA WORM WRAP-UP #151

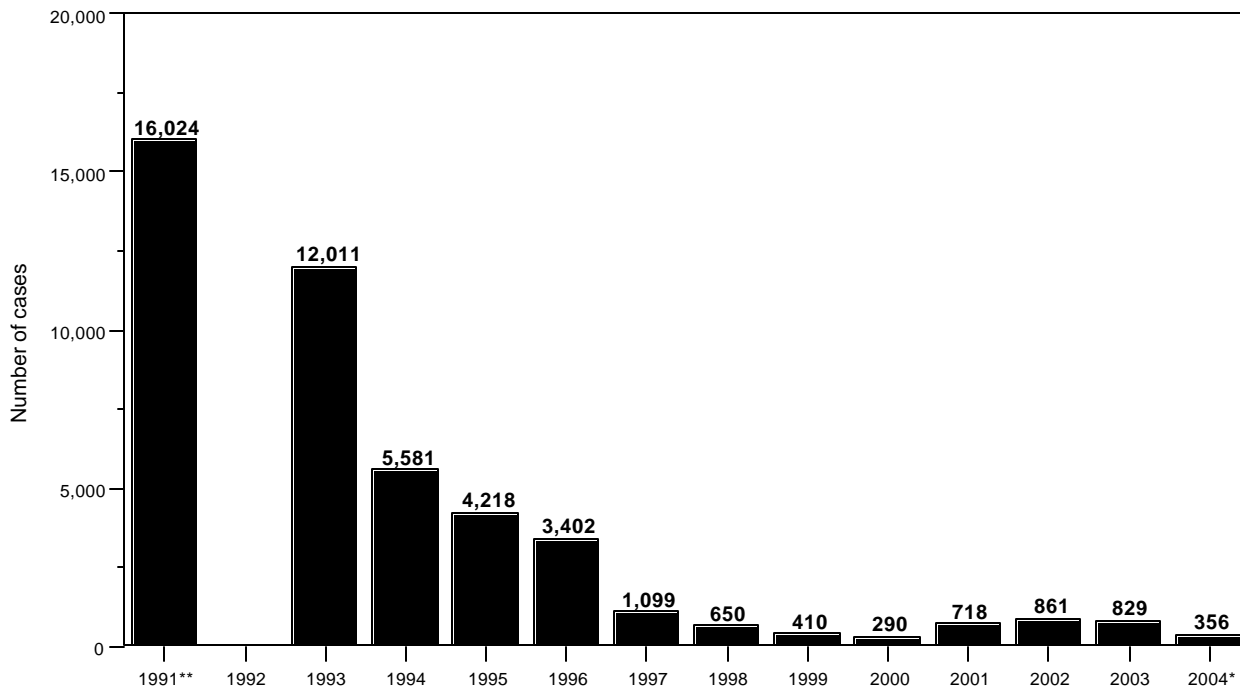
To: Addressees

MALI APPOINTS NEW NATIONAL PROGRAM COORDINATOR

Following soon after Mali's national review of its Guinea Worm Eradication Program (GWEP) in Bamako on January 13-15, when Malian President Amadou Toumani Toure expressed his desire for more rapid progress (see Guinea Worm Wrap-Up #150); the Government of Mali named a new national coordinator. The new National Program Coordinator is Dr. Gabriel Guindo. He was formerly assistant medical officer for Koutiala District in Mali's Sikasso Region. Dr. Guindo replaces Dr. Issa Degoga, who has led Mali's GWEP since 1992. Welcome, Dr. Guindo! And thank you Dr. Degoga. The numbers of cases of dracunculiasis reported by Mali from 1991 to 2004 are illustrated in Figure 1.

Figure 1

Mali Guinea Worm Eradication Program Number of Cases of Dracunculiasis Reported: 1991 - 2004*



* Provisional

** National Case Search

Explain the source of all cases in 2005!

EDITORIAL

The provisional number of cases of dracunculiasis reported during 2004 now stands at 15,584 cases. Since it is likely that Sudan's final report for December 2004 will show at least a 50% reduction in cases from the 570 cases reported in December 2003, it is probable that the final tally of cases for 2004 will not exceed 16,000 cases. If so, the reductions in cases during 2004 in all 11 endemic countries, compared to the 32,193 cases reported in 2003, will exceed 50%, which will be the largest year-to-year reduction recorded so far since the beginning of the eradication campaign. The distribution of cases of dracunculiasis in Africa during 2004, by district, is shown in the Map on page 6.

The provisional total of reported cases of dracunculiasis during 2004 outside of Sudan is 8,754, and 7,275 (83%) of those cases were reported from Ghana. Outside of Sudan, transmission of the disease was contained from 5,905 (67%) of the 8,754 reported cases of dracunculiasis, up from the 64% case containment rate achieved by these countries in 2003. If the reported case containment rate from these 10 endemic countries were reasonably accurate, (as it was in 2003) one would expect about 3,000-4000 cases of dracunculiasis to occur there during 2005. Halting transmission of dracunculiasis from each of these 3,000-4,000 cases expected to occur outside of Sudan will demand that all Guinea Worm Eradication Program staff be aggressive in their efforts to detect all cases within 24 hours of the emergence of the Guinea worm(s), and to immediately contain transmission from each case detected. It also demands that all interventions against transmission of the disease be executed thoroughly and effectively. The aim of each national program should be to have all indicators of program coverage at 100% or nearly 100%. The momentum gained during 2003 and 2004 in all countries is going to carry forward during 2005, but we will need to execute all interventions, including surveillance, at the highest possible level in 2005. Onwards!

SUDAN'S GWEP HOLDS FIRST POST-WAR COORDINATION MEETING

Guinea worm warriors from the Government of Sudan and from the new Ministry of Health / Government of South Sudan (MOH/GOSS) met in Nairobi, Kenya on February 2-3 for the first quarterly coordination meeting since the Peace Agreement was signed on January 9. National Program Coordinator Dr. Nabil Aziz represented the government of Sudan, and Dr. Bellario Ahoy Ngong, Director General MOH/GOSS represented the Government of South Sudan. Sudan has reported 6,830 cases (provisional) of dracunculiasis for January-December 2004, of which 13% were contained. This represents a reduction of -66% from the 20,299 cases that Sudan reported in 2003. The reporting rates for Sudan's endemic villages in 2003 and 2004 were 69% and 68%, respectively. So far, only 1,847 Sudanese villages have reported one or more cases in 2004 (compared to 3,387 villages in 2003). Some 5,608 non-endemic villages with "consistent reporting" (at least 3 consecutive months) were under surveillance by the program in 2004. The proportion of villages that report only 1 case among all villages that reported 1 or more cases has increased from 16% in 2001 to 38% in 2004 (January-November). Eleven cases were exported from southern Sudan to northern states so far in 2004. Of the 3,948 villages that reported one or more cases in 2003 or 2004, 89% received health education about dracunculiasis prevention, 64% had filters in all households, 25% had one or more sources of safe drinking water, and 1% had received vector control, using ABATE® larvicide. Sudan's program also reviewed the status of progress against its 2004 objectives, and it established quantifiable objectives for 2005. This year, the program is working to increase its case containment rate, use of ABATE® larvicide, surveillance, and access to new endemic areas of the country. Dr. Ernesto Ruiz-Tiben and Mr. Craig Withers of The Carter Center, and Dr. Ahmed Tayeh of WHO also participated in this meeting. Sudan also reported a total of 112 cases of polio in 2004.

Table 1

Number of cases contained and number reported by month during 2004*

(Countries arranged in descending order of cases in 2003)

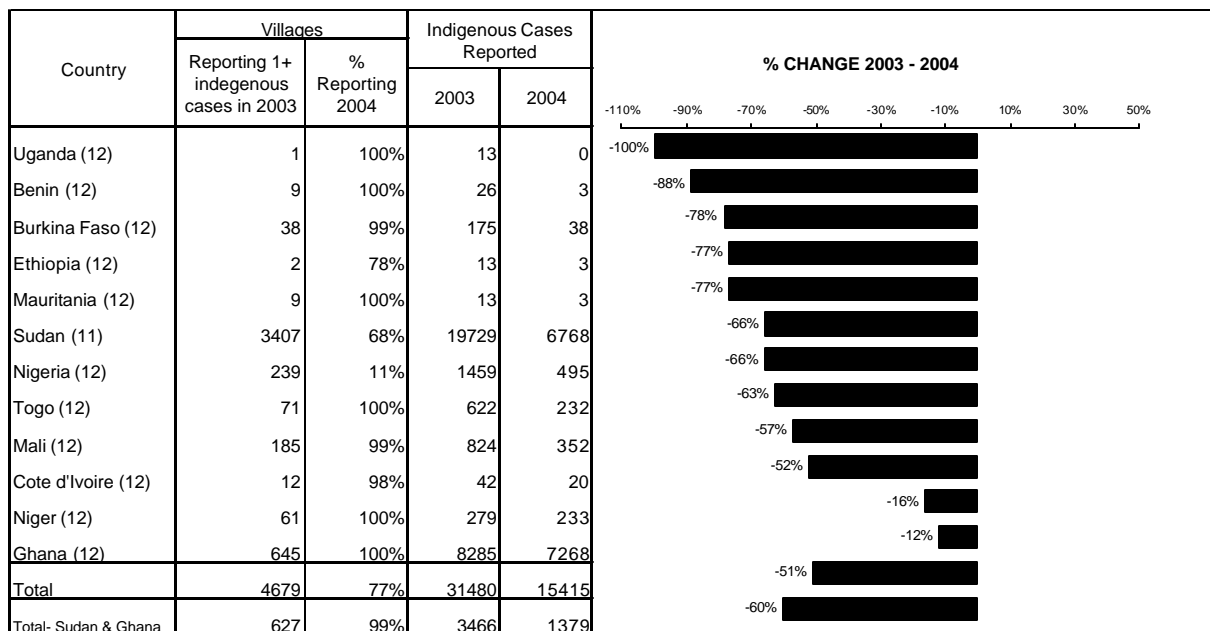
COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													TOTAL*	%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	CONT.		
SUDAN	34 / 242	46 / 276	31 / 255	59 / 649	159 / 1212	192 / 1316	172 / 1181	98 / 771	46 / 588	17 / 181	6 / 97	/	860 / 6768	13	
GHANA	766 / 1245	719 / 1133	630 / 990	603 / 907	702 / 905	372 / 520	188 / 257	92 / 115	22 / 38	157 / 230	271 / 439	279 / 496	4801 / 7275	66	
NIGERIA	81 / 102	64 / 73	40 / 48	25 / 31	63 / 69	31 / 37	17 / 23	11 / 12	0 / 0	13 / 15	41 / 45	35 / 40	421 / 495	85	
MALI	1 / 1	0 / 1	0 / 1	0 / 0	5 / 5	9 / 12	21 / 26	47 / 66	65 / 112	56 / 72	26 / 54	6 / 6	236 / 356	66	
TOGO	35 / 46	20 / 29	18 / 47	12 / 21	17 / 20	16 / 22	4 / 6	1 / 3	9 / 9	19 / 19	27 / 28	22 / 28	200 / 278	72	
NIGER	1 / 1	2 / 2	1 / 1	3 / 4	4 / 9	13 / 16	24 / 28	21 / 28	30 / 34	40 / 51	23 / 49	11 / 17	173 / 240	72	
BURKINA FASO	1 / 1	1 / 2	0 / 0	2 / 2	5 / 5	3 / 4	7 / 12	5 / 8	9 / 14	4 / 6	2 / 4	0 / 0	39 / 58	67	
COTE D'IVOIRE	1 / 2	5 / 6	0 / 5	0 / 3	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 2	0 / 2	0 / 0	6 / 21	29	
BENIN	0 / 0	2 / 2	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 3	100	
ETHIOPIA	0 / 0	1 / 1	0 / 0	2 / 2	6 / 6	3 / 5	3 / 3	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	15 / 17	88	
UGANDA	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	1 / 1	1 / 1	0 / 0	0 / 0	0 / 0	3 / 3	0	
MAURITANIA	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	2 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 3	100	
KENYA	/	/	/	/	1 / 1	2 / 2	/	1 / 1	1 / 1	/	/	/	5 / 5	100	
TOTAL*	921 / 1641	860 / 1525	721 / 1348	706 / 1619	963 / 2234	643 / 1936	436 / 1536	277 / 1005	183 / 797	306 / 576	396 / 718	353 / 587	6765 / 15522	44	
% CONTAINED	56	56	53	44	43	33	28	28	23	53	55	60	44		

* PROVISIONAL

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

Figure 2

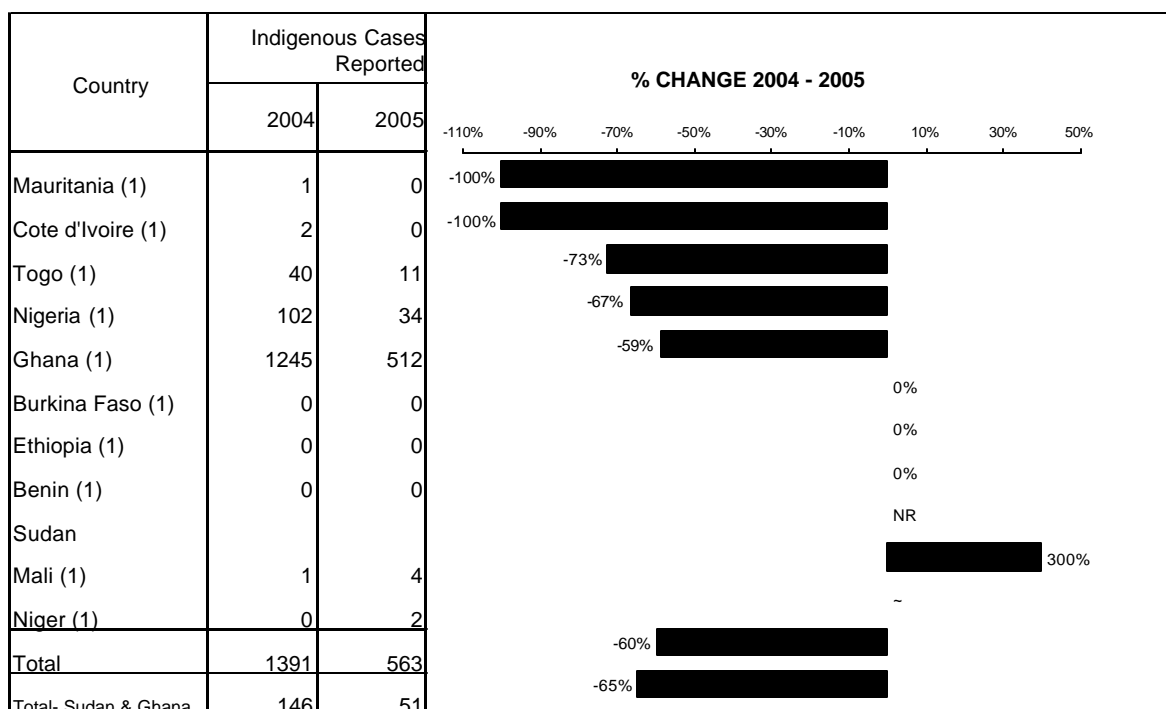
Number of Villages/Localities Reporting Cases of Dracunculiasis in 2003, Percentage of Endemic Villages Reporting in 2004*, Number of Indigenous Cases Reported During the Specified Period in 2003 and 2004*, and Percent Change in Cases Reported



(11) Indicates month for which reports were received, e.g., Jan. - Nov. 2004
 * Provisional

Figure 3

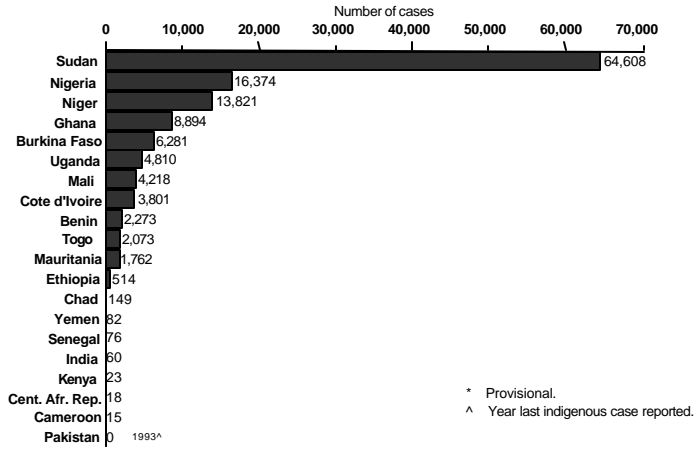
Number of Villages/Localities Reporting Cases of Dracunculiasis in 2004, Percentage of Endemic Villages Reporting in 2005*, Number of Indigenous Cases Reported During the Specified Period in 2004 and 2005*, and Percent Change in Cases Reported



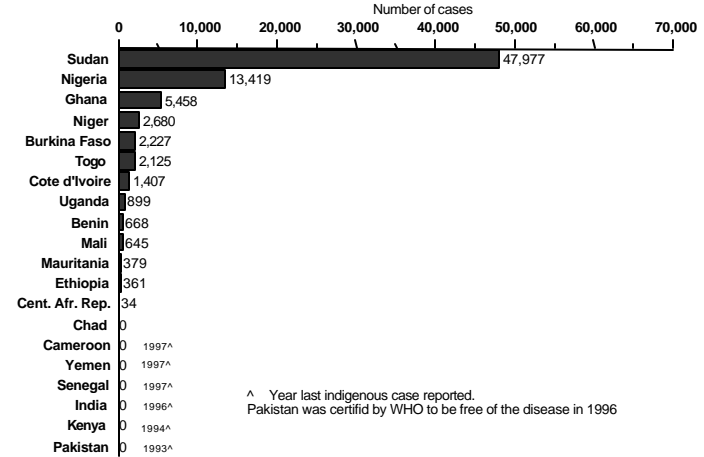
(1) Indicates month for which reports were received, e.g., Jan 2005
 * Provisional
 NR - no report

Figure 4

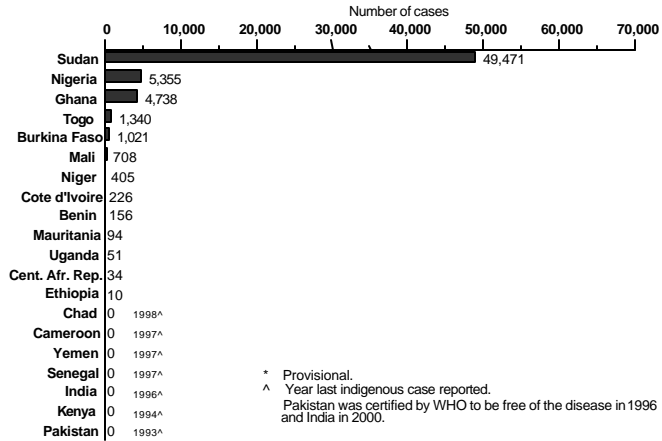
Distribution by Country of 129,834 Cases of Dracunculiasis Reported during 1995



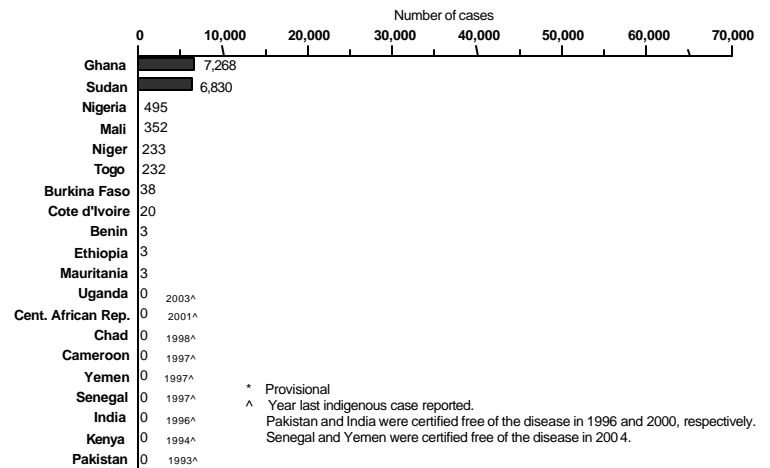
Distribution by Country of 78,279 Indigenous Cases of Dracunculiasis Reported during 1998



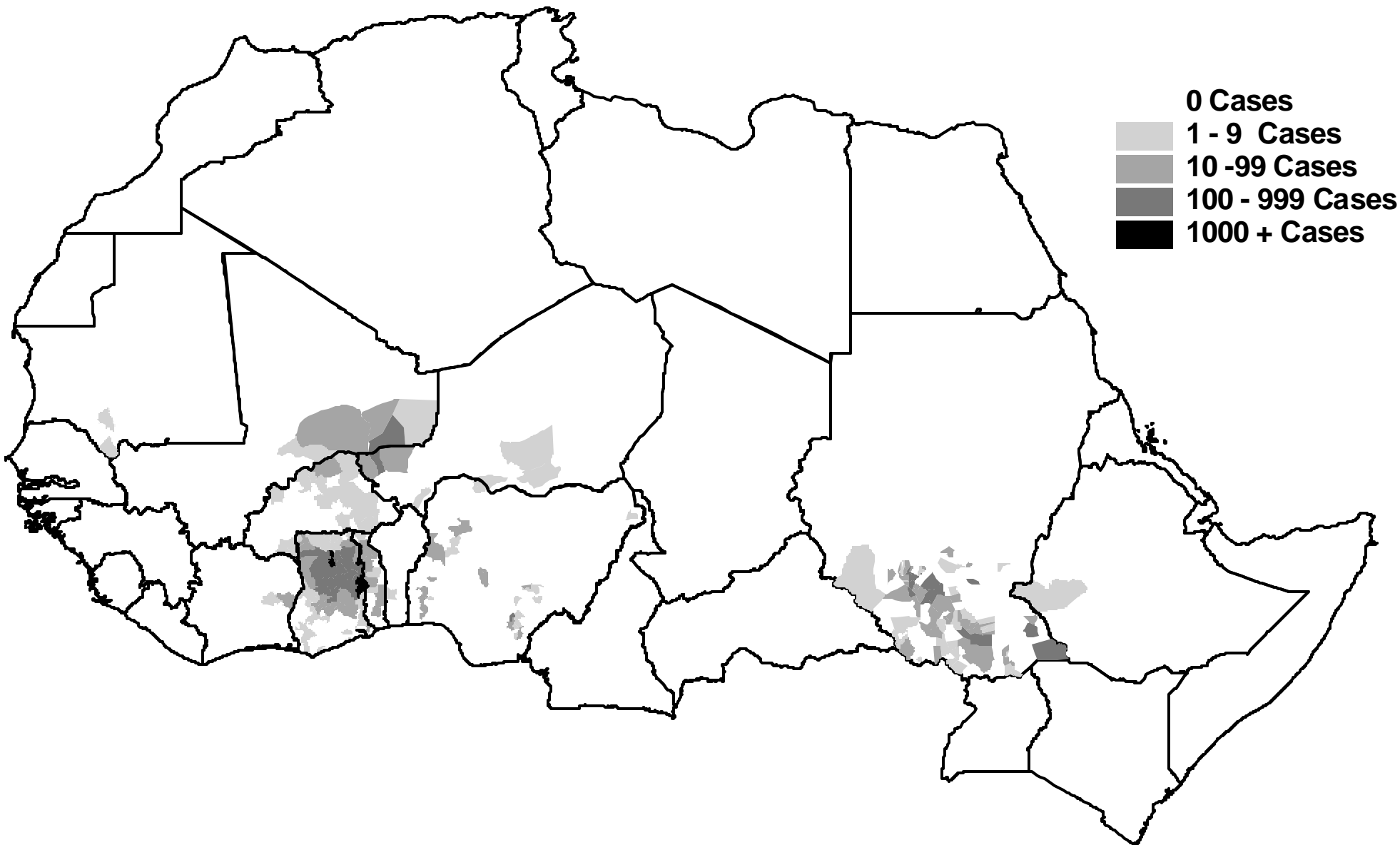
Distribution by Country of 63,609 Indigenous Cases of Dracunculiasis Reported during 2001



Distribution by Country of 15,415 Indigenous Cases of Dracunculiasis Reported during 2004*



Distribution of Indigenous Cases of Dracunculiasis Reported in 2004*



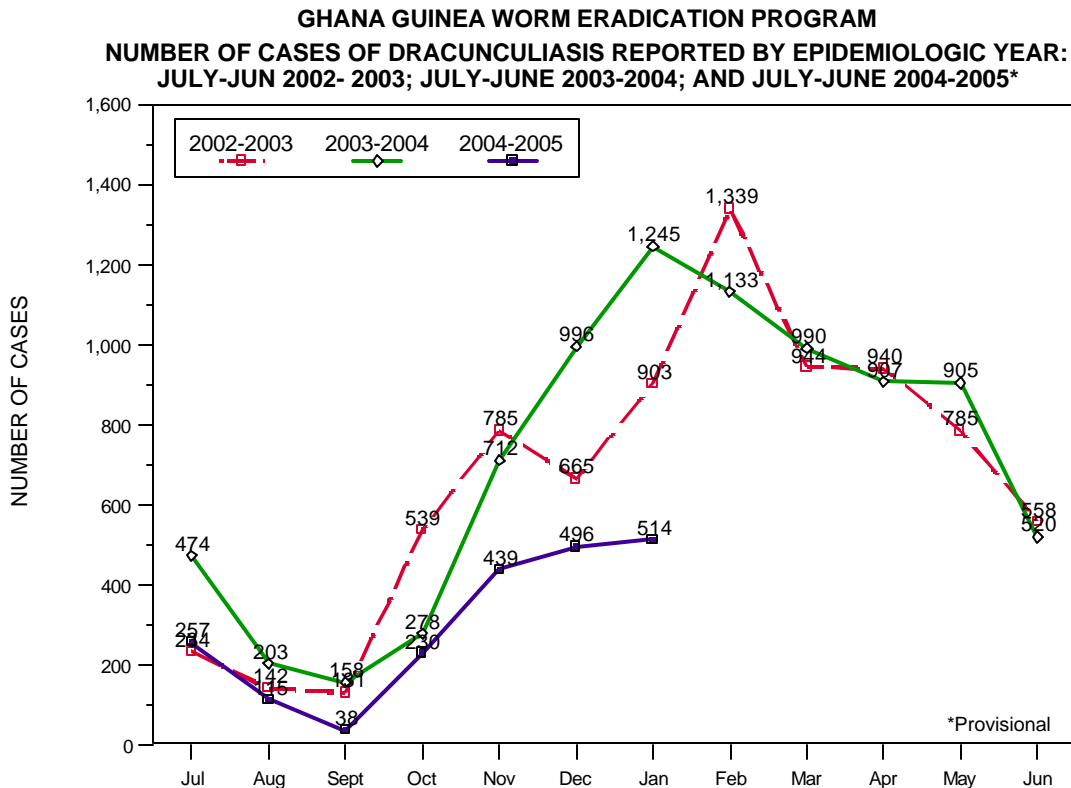
* provisional

Contain every Guinea worm in 2005!

SUDAN GUINEA WORM ERADICATION PROGRAM GENERAL OBJECTIVES FOR CALENDAR-YEAR 2005

1. 50% of all cases will be contained, according to the international definition for case containment as confirmed by full-time active surveillance utilizing village resources. (13% in 2004).
2. Attain 100% coverage of household filters in all endemic villages. (64% in 2004)
3. Distribute 1,000,000 pipe filters to herders and farmers, and provide education on filter use and care to each person receiving one.
4. Conduct monthly spot checks for copepods in Abate-treated ponds in 20 endemic villages
5. Conclude a KAP study of local Nuer populations in the endemic areas of the Upper Nile zone.
6. Conduct a National Guinea Worm Day led by President Bashir, Dr. Garang and President Carter within 6 months of the signing of the peace agreement between the Government of Sudan and the SPLM.
7. Ensure the broadcast, twice weekly, of radio messages in local languages throughout the endemic states.

Figure 5



**GHANA GUINEA WORM ERADICATION PROGRAM OBJECTIVES AND ACHIEVEMENTS
FOR 2004, 2005**

DESCRIPTION OF OBJECTIVE/TARGET	TARGET 2004	ACHIEVED 2004	TARGET 2005	REMARKS
Proportion of villages that reported GWD during the past 3 years under Active surveillance	100	88	100	
Proportion of reported cases contained	80	62	70	
Proportion of cases admitted to case containment centres that were within 24 hours of worm emergence	75	88	90	Case containment centers being phased out
Proportion of <i>eligible endemic</i> villages with 100% HH Cloth Filter Coverage	100	100	100	
Proportion of eligible populations with 100% Pipe Filter Coverage	100	NA	-	Demomintor not certain; indicator to be revised
Proportion of <i>endemic</i> villages with that were receiving ABATE® Larvicide	100	41	100	A significant number are in-eligible; still working the eligible ones.
Number, out of top 20 districts that conducted at least one “worm week”	20	20	20	
Number, out of top 20 districts that had at least one school health education teams trained (revised)	20	20	20	
Proportion of top 100 most <i>endemic</i> villages that have at least one safe source of water	80	65	70	
Number of 180 HIPC boreholes that are <i>functional</i>	70	55	180	156 drilled, 79 wet and 77 marginal/dry wells

NIGER GUINEA WORM ERADICATION PROGRAM OBJECTIVES, AND ACHIEVEMENTS DURING 2004

Contain > 80% of all cases reported.

174 cases out of 240 cases were overall contained, thus a 72.5% containment rate. In September 2004, the containment rate was 80%. In October and November 2004, 6 former endemic localities that presented cases were detected during the NIDs' in the districts of Téra and Ouallam. In some of these localities the VBHWs were no more in the villages. Between October and end of December, 66 more cases (34 contained) were registered in Tillabery region mainly in these localities.

- **Of cases admitted to case containment centers (if one or more in operation), admit >75% within 24 hours of emergence of the worm.**

One case containment center was opened in the village of Djoula Koira, in the district of Kollo. The village notified 26 cases of which 18 were admitted to the center. Of the 18 cases, 17(95%) were admitted within 24 hours of emergence of the worm.

- **Contain >50% of all cases in case containment centers.**

17 out of 240 cases (7%) were contained in a case containment center. 17 out of 18 cases, thus 95% of cases admitted to the case containment center were contained. The one not admitted within 24 hours was considered not contained. The 6 other cases that did not join the center were also contained by the VBHWs and the nurse staying at 7 km from the village but visiting the village every day.

- **Maintain 100% coverage of household filters, including appropriate education on their use and care in >95% of endemic villages.**

100% coverage of household filters, including appropriate education on their use and care in >95% of endemic localities was maintained.

- **Provide pipe filters (if used) and appropriate education on their use and care to all eligible populations.**

100% of pipe filters received are distributed in eligible populations of endemic localities, and appropriate education on their use and care are provided.

- **Monitor monthly the provision of safe drinking water and adequate functioning of existing hand pumps in the 20 most endemic communities.**

There are no hand pumps in the 20 most endemic communities.

- **Perform spot checks for copepods in targeted endemic villages each month.**

No spot checks for copepods are systematically performed except for demonstrations and during the Abate applications

- **Conduct a Worm Week in each of the highest endemic districts.**

Worm Week was conducted only in the district of Tillabery. The number of cases started to increase in the districts of Téra, Ouallam and Kollo only in October. It is programmed to organize Worm Week in all 4 districts in 2005.

- **Ensure that all primary and secondary schools in the top 20 endemic villages teach about prevention of dracunculiasis (consider using the WHO comic book and teachers manual).**

There are no schools in the top 20 endemic villages

- **Ensure radio messages (news, jingles, skits, public service announcements) are broadcast at least twice weekly in the appropriate local language, during the peak transmission season by all available stations in the highest endemic areas of country.**

Radio messages are broadcast at least twice weekly in the appropriate local language, during the peak transmission season by all available station in the highest endemic areas of the country.

TOGO GUINEA WORM ERADICATION PROGRAM OBJECTIVES AND ACHIEVEMENTS DURING 2004

Objectives	Parameters	Accomplished
1. Detect all cases of GWD within 24hrs of the emergence of the GW	#cases detected within 24hrs / total # of cases	200 / 278 @ 72% *
2. Contain all cases of GWD	#cases meeting all criteria for case containment / # of cases	200 / 278 @ 72%
3. Admit 80% of all cases to CCC within 24hrs or emergence of GW	#cases admitted to CCC within 24hrs / # of cases to CCC	59 / 160 @ 37% **
4. Contain all cases admitted to CCC	# of cases contained at CCC / # cases admitted to CCC	131 / 160 @ 82%
5. Obtain monthly reports from all EVs on time	#of EVs reporting monthly on time / # of EVs	100 / 100 @ 100% ***
6. Investigate the origin of all imported cases of GW	#Imported cases investigated / #of cases imported	80 / 80 @ 100% ****
7. Provide filters to 100% of households in every EV	#of EV with 100% households with filters / # of EVs	46 / 46 @ 100%
8. Monitor the status of safe water in top 20 EVs	# of EVs with 1+ sources in need of repairs / 20 EVs	3 / 20 (in need or repair), 9 / 20 (do not have pumps)
9. Conduct spot checks for copepods after Abate treatments in top 20 EVs	# of top 20 EVs sampled / top 20 EVs	2 / 20 @ 10% *****
10. Conduct worm weeks in most endemic districts	# endemic districts where WW conducted / # of endemic districts	5 districts out of 14 held worm weeks in 2004
11. Conduct health education in schools of top 20 EVs	# of schools with health education provided / 20 EVs	14 / 20 @ 70%
12. Broadcast GW messages via radio 2X a week during peak transmission season in endemic districts	# endemic districts covered / # of endemic districts	10 / 14 @ 70%

* 200 Cases of Guinea worm disease met the international standards for case containment.

** 37% or 59 out of 160 cases admitted to case containment centers were admitted within 24hrs (code 0)

During 2004 a total of 9 out of 12 CCC received cases. Of the 12 CCCs, 4 new CCCs were opened in 2004 in the Districts of Doufelgou (1), Dankpen (1), Djarkpanga(1), and Bassar(1). The remaining 9 CCCs are in the district of Agou/Ave(1), Yoto(1), Haho(1), L'est Mono(1) Ogou(2), Keran(2).

*** During 2004, Togo a total of 100 villages reported cases, of which 46 villages reported indigenous cases and 54 villages reported only imported cases. Within the 54 villages with imported cases, 2 are urban towns with district hospitals and piped potable water.

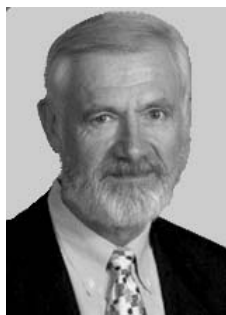
**** Of the 80 cases imported, 46 were imported from Ghana and 34 cases were imported internally within districts and also from district to district within Togo. During 2004, Oti exported cases to Keran and vice versa, Haho exported cases to Ogou and Binah, Doufelgou exported cases to Haho and Wawa, Sotouboua exported cases to Dankpen, and Dankpen exported cases to Keran.

***** During 2004 only Haho District had systematic evaluations of ABATE® Larvicide treatments. Technical Advisors and supervisory staff in the northern districts occasionally checked the quality of ABATE® Larvicide treatments in water points.

TOGO GWEP OBJECTIVES 2005 (DRAFT)

Objectives	Parameters
1. Detect all cases of GWD within 24hrs of the emergence of the GW	#cases detected within 24hrs / total # of cases
2. Contain all cases of GWD	#cases meeting all criteria for case containment / # of cases
3. Admit 80% of all cases to CCC within 24hrs or emergence of GW	#cases admitted to CCC within 24hrs / # of cases
4. Contain all cases admitted to CCC	#cases admitted to CCC / # of cases contained at CCC
5. Obtain monthly reports from all EVs on time	#of EVs reporting monthly on time / # of EVs
6. Investigate the original of all imported cases of GW	#Imported cases investigated / #of cases imported
7. Provide filters to 100% of households in every EV	#of EV with 100% households with filters / # of EVs
8. Monitor the status of safe water in top 20 EVs	#of EVs with 1+ sources in need of repairs / 20 EVs
9. All top 20 EVs without pumps will be selected for new pumps with UNICEF/Gates Funding	# of top 20 EVs without pumps selected / total number of top 20 EVs that needs pumps
10. Conduct spot checks for copepods after Abate treatments in top 20 EVs	# of top 20 EVs sampled / top 20 EVs
11. Conduct health education in schools of top 20 EVs	# of schools with health education provided / 20 EVs
12. Broadcast GW messages via radio 2X a week during peak transmission season in endemic districts	# endemic districts covered / # of endemic districts

WILLIAM FOEGE HONORED



A veteran of the campaign to wipe out smallpox has been awarded the U.S. National Academy of Sciences' (NAS's) highest honor, the Public Welfare Medal.

Epidemiologist William H. Foegen's work on smallpox eradication in Africa in the 1960s led to the successful "ring vaccination" strategy of inoculating close contacts of infected people. Foegen later directed the Centers for Disease Control and Prevention, steered the international Task Force for Child Survival and Development,

and worked on eradicating Guinea worm disease and river blindness at The Carter Center. In 1999 he joined the Bill and Melinda Gates Foundation, where he helped start programs including hepatitis B immunization and AIDS vaccine development. His work "has changed the world as we know it," says NAS home secretary John Brauman. Now retired, Foege will be honored 2 May along with 17 other winners of various academy awards. *CREDIT: SOCIETY FOR ACADEMIC EMERGENCY MEDICINE*

IN BRIEF:

Togo has named Dr. Afetse Yawo Dotse, MD, MPH as the new national program coordinator of its National Guinea Worm Eradication Program, upon the retirement of Mr. Amegbo K. Ignace. Congratulations and welcome, Dr. Afetse! And thank you Mr. Amegbo! Mr. Amegbo is now a technical assistant to Dr. Afetse and the national program.

Ghana. The national program coordinator, Dr. Andrew Seidu-Korkor, of the Ghana Health Service, reports that in 2004, the number of Ghanaian villages that reported one or more cases of dracunculiasis in 2003 or 2004 increased from 657 in January to 876 as of December 2004, while the number of villages under active surveillance for dracunculiasis in Ghana increased from 1,071 to 2,025 during the year. The GWEP contained transmission from 59% of 8,290 cases in 2003 and from 66% of 7,275 cases in 2004, a 7% increase in the case containment rate. On average, 94% of endemic villages had cloth filters in all households, 7% used ABATE® Larvicide, 47% had at least one source of safe drinking water, and 64% received health education about dracunculiasis during 2004. A total of 876 Ghanaian villages reported one or more cases during 2004, of which 673 were actually endemic, i.e., reported indigenous cases (203 villages reported only imported cases). During July – December 2004 Ghana reduced its cases of GWD by -47% compared to the same period in 2003, (Figure 5) and posted a 59% decrease in January 2005 relative to January 2004.

Ethiopia. During February 3-12, 2005, Dr. Ahmed Tayeh of WHO visited South Omo Region, Ethiopia with the Ethiopia Dracunculiasis Eradication Program (EDEP) national coordinator, Mr. Gezahegn Tesfaye and the senior supervisor, Mr. Getachew Temeche to review the status of the program this remote formerly endemic area. The national coordinator and senior supervisor investigated recent rumors about the occurrence of indigenous cases of dracunculiasis in Gambella Region, which reported only 3 indigenous cases during 2004. They found two individuals with GWD and both with a history of having been in Sudan during the last 12 months, and the security situation in Akobo Woreda improved: the EDEP plans do a case search soon and implement interventions during 2005.

RECENT PUBLICATIONS

WHO, 2005. Dracunculiasis eradication status, 2004. Wkly Epidemiol Rec 80:47-48.

*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 Dr. James H. Maguire, Director, WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, NCID, 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.