



Date: October 27, 2014

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

Subject: GUINEA WORM WRAP-UP #229

To: Addressees

Contain Every Worm! Trace Every Source!! Raise Reward Awareness!!!

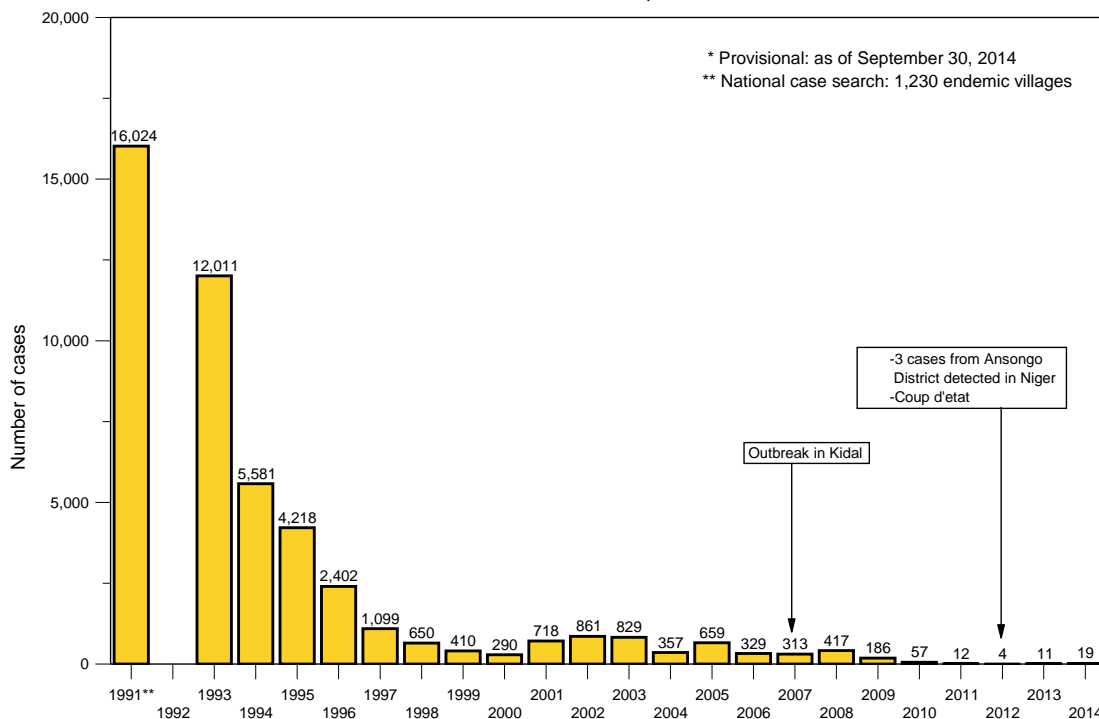
MALI: INCREASE IN CASES AND IN CASE CONTAINMENT



Mali's Guinea Worm Eradication Program (GWEP), which is now the longest active GWEP ever (Figure 1) and is battling the only remaining focus of Guinea worm disease (GWD) in West Africa, has reported a total of 19 cases of GWD in the first nine months of 2014. This compares to 5 cases reported during the same period of 2013, for an increase of 280%. Fifteen (79%) of the cases in 2014 were contained, vs. 2 cases (40%) contained during the same period of 2013 (Table 3). Whereas the 11 cases reported by Mali in 2013 were from a total of 8 villages in Djenne district of Mopti Region (1 case in May), Kidal district of Kidal Region (3 cases in May-June), Gourma Rharous district of Timbuktu Region (1 case in September), and Ansongo district of Gao Region (6 cases in October-November), the cases reported so far in 2014 were from two villages, one each from Ansongo district (14 cases) and Gourma Rharous district (5 cases) only. So far no cases have been reported from Kidal Region, where surveillance is incomplete due to insecurity but does include the known endemic areas from 2013.

Figure 1

Mali Guinea Worm Eradication Program
Number of Cases of Dracunculiasis Reported: 2000 - 2014*



All of the cases in 2014 are ethnic Black Tuaregs, and all reside in 2 villages, Tanzikratene, Ansongo District and Nanguaye, Gourma Rharous District, where cases occurred in 2013 (Table 2; Figure 2). The status of interventions in these two villages is summarized in Table 1. Two case containment centers are operating in Tanzikratene. UNICEF/Mali, which has just reopened its office in Gao and has drilled 88 boreholes in endemic areas of Mali since 2008, will try to repair the broken source of safe drinking water in Tanzikratene as soon as the security situation permits. Under the new division of labor following the Expert Committee Meeting convened by three major donors to the global GWEP in July (see *Guinea Worm Wrap-Up #228*), The Carter Center is responsible for assisting the four endemic countries remaining to interrupt transmission of GWD (*elimination/eradication*), and the World Health Organization (WHO) is responsible for *pre-certification/certification*. Over the next few months The Carter Center will help Mali's GWEP quintuple the number of villages under active surveillance from the current 85 and increase awareness of the new cash reward for reporting a case of GWD (50,000 CFA; ~US\$100) to at least 80% nationwide.

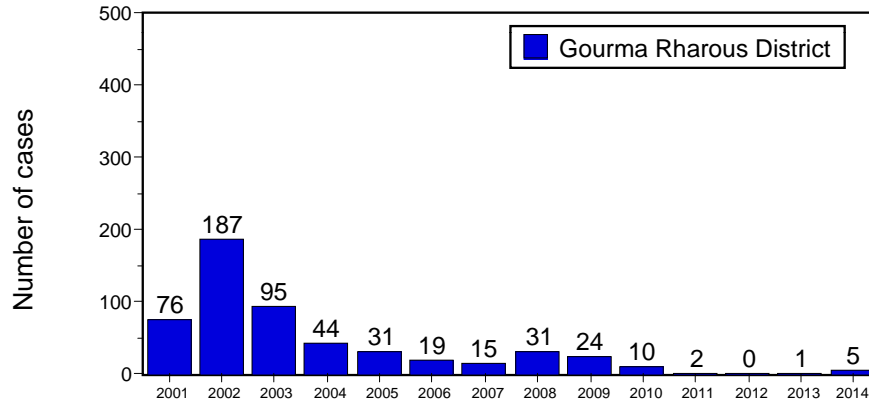
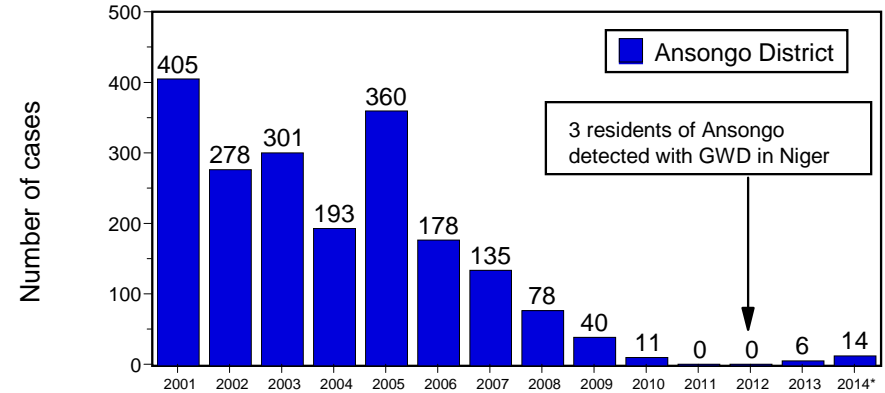
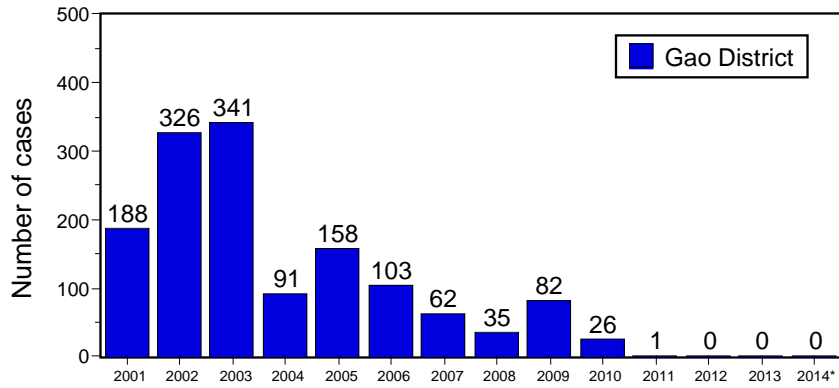
On October 6-8, Drs. Donald Hopkins and Ernesto Ruiz-Tiben of Carter Center headquarters, Dr. Dieudonne Sankara of WHO headquarters, and Mr. Aryc Mosher of the Bill & Melinda Gates Foundation visited Bamako, where they met with Director of Mali's GWEP Dr. Gabriel Guindo and local representatives of the main partners of Mali's GWEP (The Carter Center, WHO, UNICEF) to discuss the current status of the program and the impending revised division of labor between WHO and The Carter Center for assisting the program. During an advocacy visit to the Minister of Health, Honorable Ousmane KONE, the minister agreed for Mali to host the annual Program Managers Meeting for GWD-endemic countries in Bamako in February 2015, he endorsed the recommendation that Mali's GWEP convene monthly meetings (national GW Task Force) with its major partners to coordinate activities and solve problems, and he vowed to personally visit the endemic village of Tanzikratene soon. The minister also promised to convey any program requests for action from the monthly Task Force meetings to other government ministers (e.g., ministers of water, education, information). Drs. Guindo, Hopkins, Ruiz and Sankara, Carter Center Country Representative Mr. Sadi Moussa and WHO GW Focal Point Dr. Boubacar Sidibe also met with International Commission for the Certification of Dracunculiasis Eradication (ICCDE) member Prof. Ogobara Doumbo and with former regional GW advisor for WHO/AFRO Dr. Alhousseini Maiga. Guindo, Ruiz, Hopkins and Moussa also met with four of the *medecins d'appui* (technical advisors), young Malian doctors whose dedication and daily acts of courage make the GWEP's work in Mali possible under challenging circumstances: Drs. Adama Sobingo (Tessalit, Kidal), Cheickne Toure (Ansongo, Gao), Elie Timbine (Gourma Rharous, Timbuktu), and Golou Togo (Segou).

Table 1

Mali Guinea Worm Eradication Program					
Status of Interventions					
Village, District and Region	# contained case/ #cases	Health Education via:	Coverage of Households with Filters	ABATE	Status of safe drinking water
Tanzikratene, Ansongo, Gao	13/14	Village volunteers, radio, supervisors	100%	Yes	None
Nanguaye, Gourma Rharous, Timbuktu	2/5	Village volunteers, no functional radio, supervisors	100%	Yes	None

Figure 2

Mali Guinea Worm Eradication Program Reported cases of dracunculiasis: 2001 - 2014*



*Provisional: as of September 30, 2014

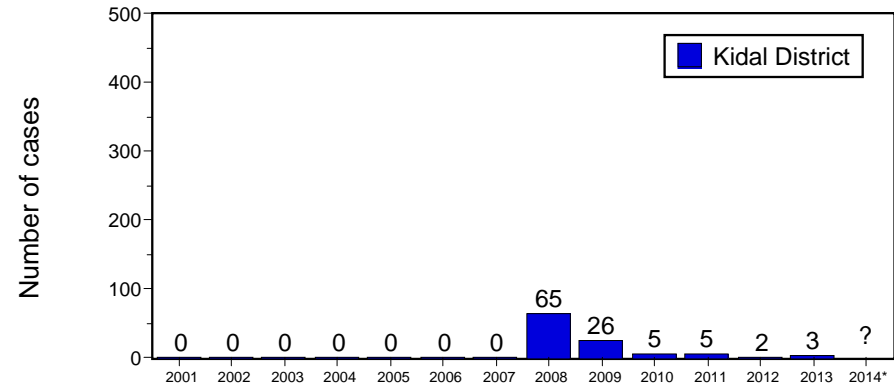
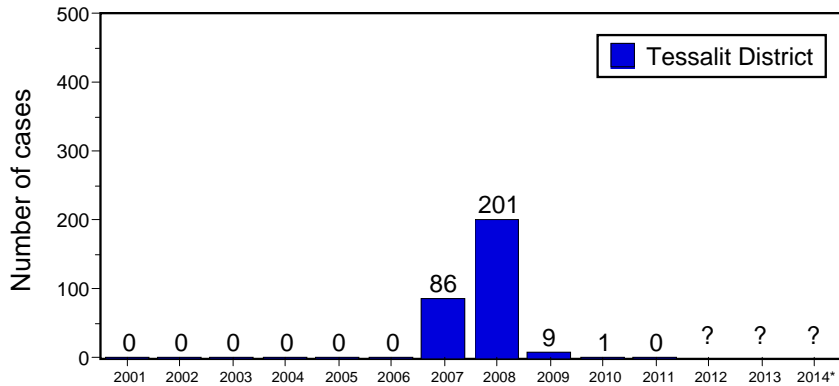
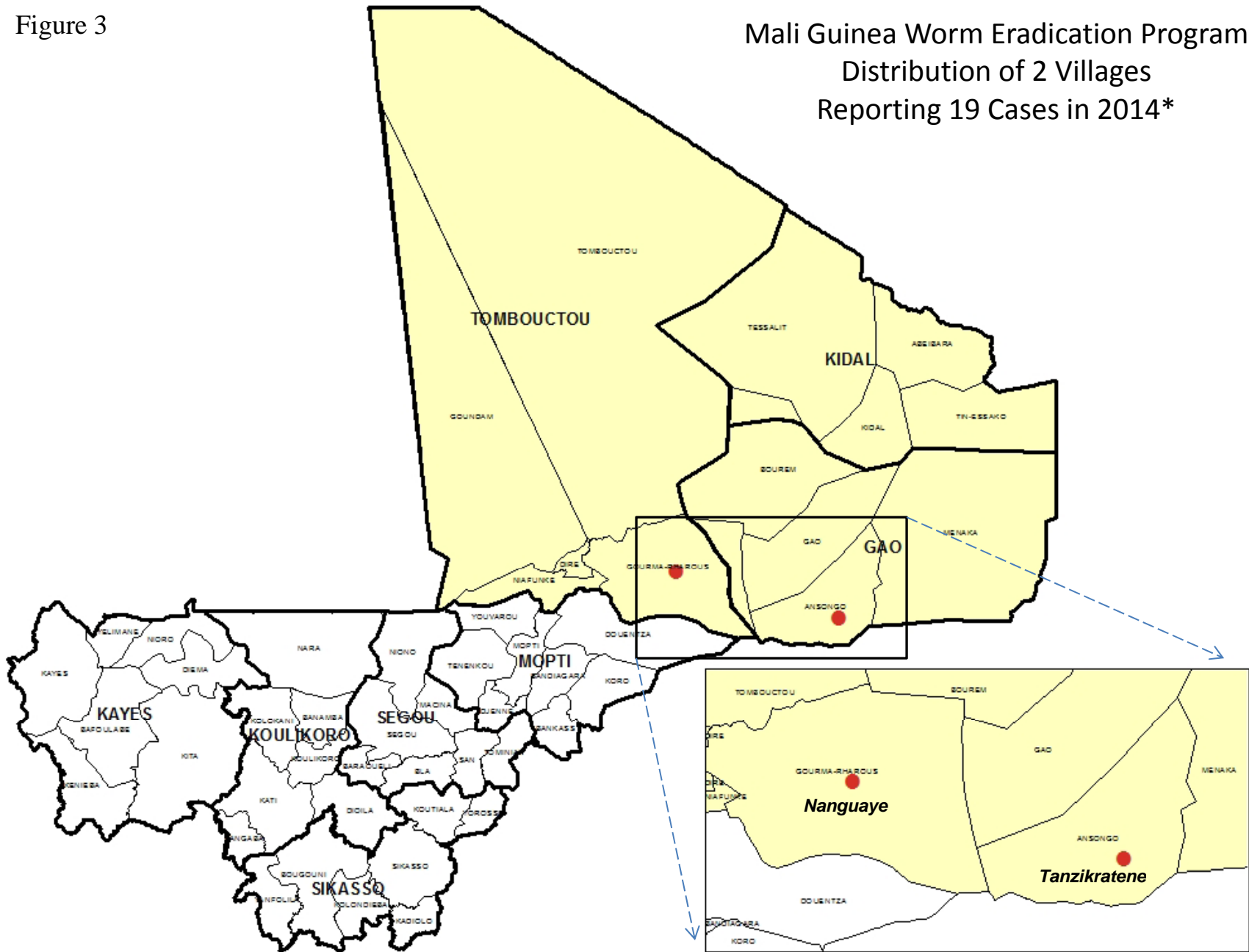


Figure 3

Mali Guinea Worm Eradication Program Distribution of 2 Villages Reporting 19 Cases in 2014*



● Villages reporting cases in 2014*

Shaded area indicates areas of insecurity due to rebel groups
* Provisional data Jan. – Sept. 2014

Table 2

Mali Guinea Worm Eradication Program
Line Listing of Cases: 2014

Case #	Age	Sex	Ethnicity	Village/Locality of Detection			Date GW emerged (D/M/Y)	Case contained? (Yes/No/Pending)	Patient contaminated sources of water (Yes/No)	Date ABATE applied (D/M/Y)	Source* of infection established? (Yes/No)	Worm Specimen^	
				Name	District/ payam/ woreda	County/ Region						Date sent to CDC (D/M/Y)	Diagnosis
1.1	23	F	Black Touareg	Tanzikratene	Ansongo	Gao	31-Aug-14	Yes	No	1-Sep-14	Yes, Tanzikratène	26-Sep-14	GW
2.1	18	M	Black Touareg	Tanzikratene	Ansongo	Gao	3-Sep-14	Yes	No	1-Sep-14	Yes, Tanzikratène	20-Oct-14	
3.1	7	M	Black Touareg	Tanzikratene	Ansongo	Gao	3-Sep-14	Yes	No	1-Sep-14	Yes, Tanzikratène	26-Sep-14	GW
4.1	21	M	Black Touareg	Tanzikratene	Ansongo	Gao	3-Sep-14	Yes	No	1-Sep-14	Yes, Tanzikratène	No	
5.1	48	F	Black Touareg	Tanzikratene	Ansongo	Gao	7-Sep-14	Yes	No	1-Sep-14	Yes, Tanzikratène	26-Sep-14	GW
6.1	13	F	Black Touareg	Tanzikratene	Ansongo	Gao	8-Sep-14	Yes	No	1-Sep-14	Yes, Tanzikratène	No	
7.1	25	F	Black Touareg	Tanzikratene	Ansongo	Gao	13-Sep-14	Yes	No	2-Sep-14	Yes, Tanzikratène	No	
8.1	35	M	Black Touareg	Tanzikratene	Ansongo	Gao	14-Sep-14	Yes	No	2-Sep-14	Yes, Tanzikratène	20-Oct-14	
8.2							23-Sep-14						
9.1	22	F	Black Touareg	Tanzikratene	Ansongo	Gao	17-Sep-14	Yes	No	10-Sep-14	Yes, Tanzikratène	20-Oct-14	
10.1	4	M	Black Touareg	Tanzikratene	Ansongo	Gao	20-Sep-14	Yes	No	21-Sep-14	Yes, Tanzikratène	No	
11.1	46	M	Black Touareg	Tanzikratene	Ansongo	Gao	26-Sep-14	Yes	No	21-Sep-14	Yes, Tanzikratène	No	
12.1	8	M	Black Touareg	Tanzikratene	Ansongo	Gao	26-Sep-14	Yes	No	21-Sep-14	Yes, Tanzikratène	No	
13.1	8	F	Black Touareg	Tanzikratene	Ansongo	Gao	27-Sep-14	Yes	No	21-Sep-14	Yes, Tanzikratène	20-Oct-14	
14.1	30	M	Black Touareg	Nanguaye	G.Rharouss	Timbuktu	15-Sep-14	No	Yes	11-Sep-14	Yes, Nanguaye	26-Sep-14	GW
14.2							3-Oct-14						
15.1	15	F	Black Touareg	Nanguaye	G.Rharouss	Timbuktu	16-Sep-14	No	Yes	11-Sep-14	Yes, Nanguaye	No	
15.2							20-Sep-14						
16	20	F	Black Touareg	Nanguaye	G.Rharouss	Timbuktu	20-Sep-14	Yes	No	11-Sep-14	Yes, Nanguaye	No	
17.1	70	M	Black Touareg	Nanguaye	G.Rharouss	Timbuktu	12-Sep-14	No	Yes	11-Sep-14	Yes, Nanguaye	26-Sep-14	GW
17.2							28-Sep-14						
17.3							23-Oct-14						
18	40	F	Black Touareg	Nanguaye	G.Rharouss	Timbuktu	28-Sep-14	YES	No	No	Yes, Nanguaye	10-Oct-14	GW
19	16	F	Black Touareg	Tanzikratene	Ansongo	Gao	22-Sep-14	No	NA	21-Sep-14	Yes, Tanzikratène	No	

* Source: known visit or residence of patient in a known endemic village/locality or village/cluster where cases of GWD occurred 10-14 months before GW emerged, and verified by the GWEP.

NA: not available, the patient is mentally ill

Table 3

Number of Reported Cases of Guinea Worm Disease Contained and Number Reported by Month during 2014*
(Countries arranged in descending order of cases in 2013)

Countries with Endemic Transmission	Number of Cases Contained / Number of Cases Reported													% Contained
	January	February	March	April	May	June	July	August	September	October	November	December	Total*	
South Sudan	0/0	0/0	3/3	3/4	3/4	6/8	13/22	13/20	6/8	/	/	/	47/69	68
Chad	1/1	1/1	1/1	1/1	0/1	0/1	1/3	0/1	1/1	/	/	/	6/11	55
Mali [§]	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/1	14/18	/	/	/	15/19	79
Ethiopia	0/0	0/0	0/0	0/0	0/0	2/2	0/0	0/0	0/0	/	/	/	2/2	100
Total*	1/1	1/1	4/4	4/5	3/5	8/11	14/25	14/22	21/27	0/0	0/0	0/0	70/101	69
% Contained	100	100	100	80	60	73	63	69	69				70	

Countries Reporting Cases	Number of Cases Contained / Number of Cases Reported													% Contained
	January	February	March	April	May	June	July	August	September	October	November	December	Total*	
Sudan [^]	/	/	0/0	0/0	0/0	0/0	0/0	0/0	0/0	/	/	/	0/0	0

Total	1/1	1/1	4/4	4/5	3/5	8/11	14/25	14/22	21/27	0/0	0/0	0/0	70/101	70
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*Provisional

Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were contained and reported that month.

Cells shaded in yellow denote months when transmission of GWD from one or more cases was not contained.

[§]Reports include Kayes, Koulikoro, Segou, Sikasso, and Mopti, Timbuktu and Gao Regions; in late April, the GWEP deployed one technical advisor to Kidal to oversee the program during the transmission season (for the first time since 2012).

[^]A Carter Center consultant, deployed to Kafia-Kingi area in South Darfur in March, implemented active village-based surveillance in Kafia-Kingi and four other at-risk villages, and began monthly reporting.

Number of Reported Cases of Guinea Worm Disease Contained and Number Reported by Month during 2013
(Countries arranged in descending order of cases in 2012)

Countries with Endemic Transmission	Number of Cases Contained / Number of Cases Reported													% Contained
	January	February	March	April	May	June	July	August	September	October	November	December	Total*	
South Sudan [^]	0/0	1/2	1/4	18/25	19/24	13/19	8/14	7/11	7/11	2/3	0/0	0/0	76/113	67
Chad	0/0	0/0	0/0	3/3	1/1	0/1	3/3	1/1	0/0	0/0	0/3	0/2	8/14	57
Mali [§]	0/0	0/0	0/0	0/0	0/3	1/1	0/0	0/0	1/1	1/2	4/4	0/0	7/11	64
Ethiopia	1/1	0/0	0/0	0/1	3/4	0/1	0/0	0/0	0/0	0/0	0/0	0/0	4/7	57
Total*	1/1	1/2	1/4	21/29	23/32	14/22	11/17	8/12	8/12	3/5	4/7	0/2	95/145	66
% Contained	0	50	25	72	72	64	65	67	67	60	57	0	66	

Countries Reporting Cases	Number of Cases Contained / Number of Cases Reported													% Contained
	January	February	March	April	May	June	July	August	September	October	November	December	Total*	
Sudan [^]	/	/	/	/	/	2/2	/	/	1/1	/	/	/	3/3	0%

Total	1/1	1/2	1/4	21/29	23/32	16/24	11/17	8/12	9/13	3/5	4/7	0/2	98/148	66
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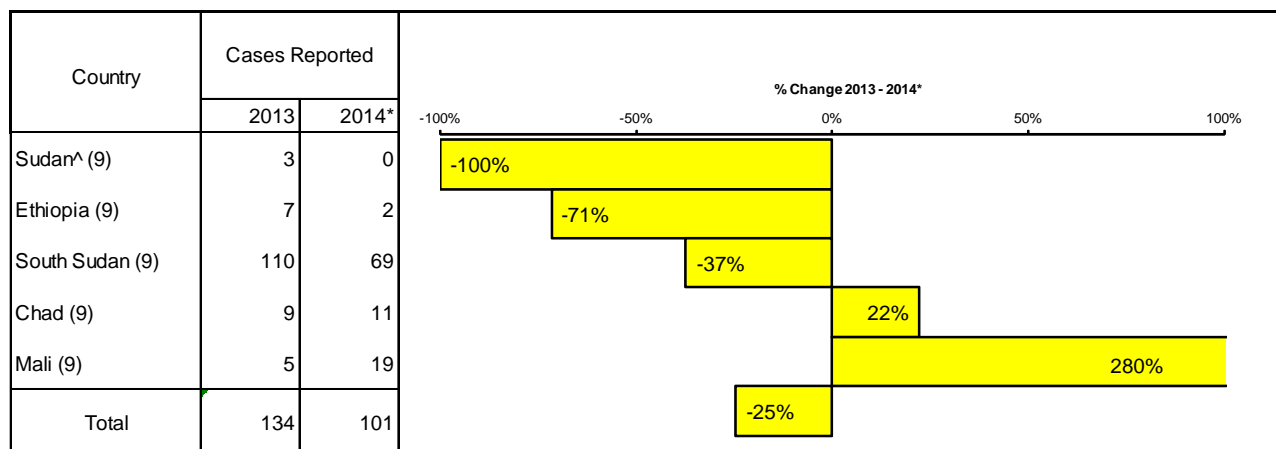
Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were contained and reported that month.

Cells shaded in yellow denote months when transmission of GWD from one or more cases was not contained.

[^] The South Sudan GWEP ceased operations on December 16, 2013 as a result of armed conflicts and insecurity. However, village volunteers and local supervisory staff remained in place and continued village-based surveillance throughout December, when zero

[§] Since April 2012 reports include only Kayes, Koulikoro, Segou, Sikasso, and Mopti Regions; the GWEP was not fully functional in Timbuktu, and Gao Regions throughout 2013, and not at all in Kidal Region.

Figure 4:
Number of Indigenous Cases Reported During the Specified Period in 2013 and 2014*,
and Percent Change in Cases Reported



* Provisional: Numbers in parentheses denote months for which data received, e.g., (9)= January- September

§ Reports include Kayes, Koulikoro, Segou, Sikasso, and Mopti, Tinbuktu and Gao Regions; in late April 2014, the GWEP deployed one technical advisor to Kidal to oversee the program during the transmission season (for the first time since 2012).

^ Under pre-certification of eradication; reported three cases in 2013 from Kafia Kingi area of South Darfur State. A Carter Center consultant was deployed to Kafia-Kingi area in March 2014 to implement active village-based surveillance and interventions in Kafia Kingi and four other at-risk villages, all of which began reporting monthly as of the end of March.

SOUTH SUDAN: JULY-SEPTEMBER OUTBREAK

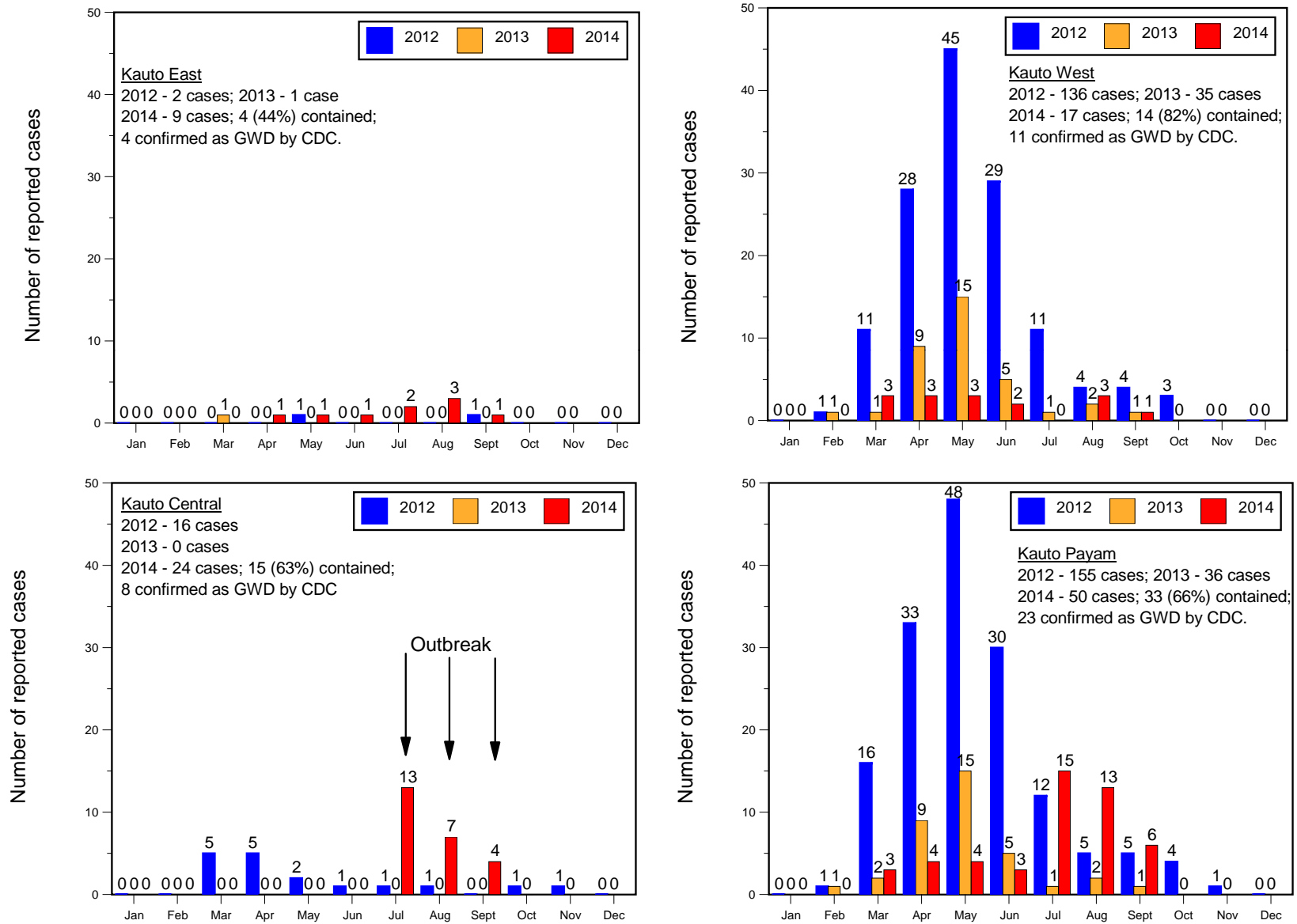


In September South Sudan's GWEP (SSGWEP) returned to reporting fewer cases of GWD than in the same month of 2013, indicating that the outbreak reported in Kauto Central, Kauto West and Kauto East payams of Kapoeta East County in Eastern Equatoria State in July and August of 2014 has ended for this year. Several of the suspected cases of GWD were not confirmed when their specimens were examined in the laboratory at CDC, although most were confirmed. The outbreak was centered on the village of Nasuwatkou in Kauto Central, where most confirmed cases are linked to that village during the harvest and harvest-associated dances in August 2013 (Figures 5, 6 and 7). ABATE®Larvicide and other intensified interventions have been deployed, especially around the cases that were uncontained (Tables 4 and 5).

During January – September the SSGWEP submitted 120 worm specimens to the Centers for Disease Control and Prevention (CDC) in Atlanta for laboratory confirmation: 68 were confirmed to be Guinea worms, 40 were confirmed to not be guinea worms, and 12 specimens are pending.

Mr. Craig Withers and Mr. Adam Weiss of Carter Center headquarters and Mr. Evans Lyosi of WHO/South Sudan participated in the regional review meeting for Eastern Equatoria and Jonglei States convened by SSGWEP Director Mr. Samuel Makoy in Kapoeta on 26-27 September. In addition to epidemiological issues, the meeting noted that recent insecurity incidents have hampered program operations in parts of Kapoeta North County (Boma, Maron) of Eastern Equatoria and near Rumbeck (Awerial County) in Lakes State. Shortly after the meeting ended, Mr. Makoy and Mr. Lyosi participated in a cross-border meeting with Kenya to discuss Taposa herders and cattle groups that cross into Kenya.

Figure 5 SOUTH SUDAN GUINEA WORM ERADICATION PROGRAM
 REPORTED CASES OF DRACUNCULIASIS FROM KAUTO PAYAM, EEQS : 2012 - 2014*



*Provisional: as of 30 September 2014

Figure 6

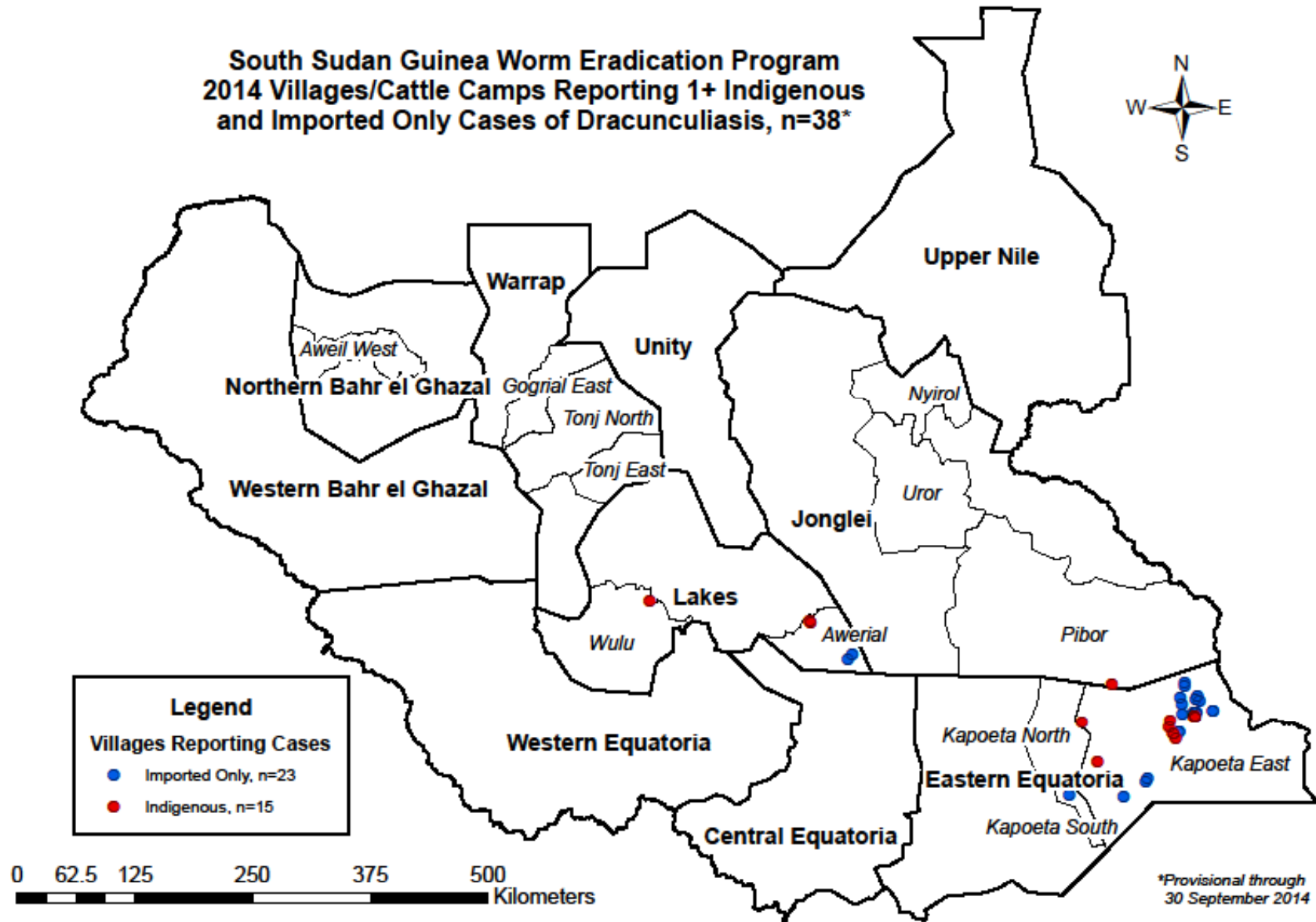


Figure 7

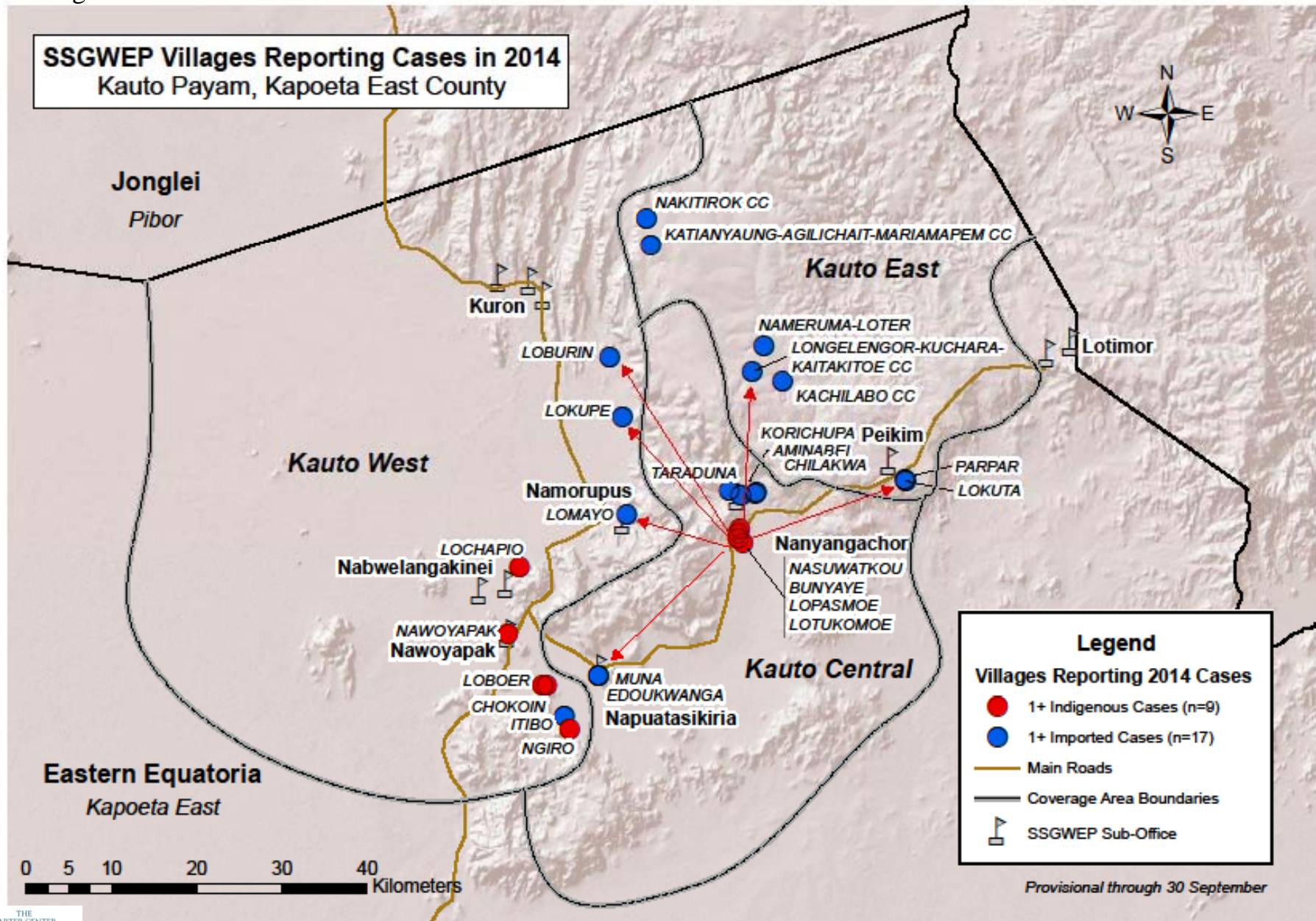


Table 4

South Sudan Guinea Worm Eradication Program
Line Listing of Cases: 2014

Case #	Age	Sex	Ethnicity	Village/Locality of Detection			Date GW emerged (D/M/Y)	Case contained? (Yes/No/Pending)	Patient contaminated sources of water (Yes/No)	Date ABATE applied (D/M/Y)	Source* of infection established ? (Yes/No)	Worm Specimen	
				Name	Payam	County						Date sent to CDC (D/M/Y)	Diagnosis
1.1	14	F	TOPOSA	CHOKOIN	KAUTO	KAPOETA EAST	3/11/2014	YES	NO		YES	30-Apr	GUINEA WORM
1.2							4/19/2014	YES	NO			30-Apr	GUINEA WORM
2.1	32	F	TOPOSA	LOCHAPIO	KAUTO	KAPOETA EAST	3/18/2014	YES	NO		YES	30-Apr	GUINEA WORM
2.2							4/17/2014	YES	NO			30-Apr	GUINEA WORM
3.1	10	F	TOPOSA	LOBOER	KAUTO	KAPOETA EAST	3/25/2014	YES	NO		YES	22-Apr	GUINEA WORM
3.2							4/3/2014	YES	NO			30-Apr	GUINEA WORM
3.3							4/26/2014	YES	NO			22-May	GUINEA WORM
3.4							5/14/2014	YES	NO			22-May	GUINEA WORM
4.1	6	M	TOPOSA	LOCHAPIO	KAUTO	KAPOETA EAST	4/6/2014	YES	NO		YES	30-Apr	GUINEA WORM
5.1	12	F	TOPOSA	LOKUTA	KAUTO	KAPOETA EAST	4/19/2014	YES	NO		YES	30-Apr	GUINEA WORM
5.2							4/29/2014	YES	NO			22-May	GUINEA WORM
5.3							4/30/2014	YES	NO			22-May	GUINEA WORM
6.1	10	M	TOPOSA	NAWOYAPAK	KAUTO	KAPOETA EAST	4/5/2014	YES	NO		YES	22-May	GUINEA WORM
7.1	22	F	TOPOSA	LOCHAPIO	KAUTO	KAPOETA EAST	4/11/2014	NO	NO	4/9/2014	YES	23-Jun	GUINEA WORM
8.1	25	F	TOPOSA	KATIANYAUNG-AGILICHAIT-MARIAMAPEM CC	KAUTO	KAPOETA EAST	5/10/2014	NO	NO	5/12/2014	YES	5-Jun	GUINEA WORM
8.2				NARENGEWI			7/8/2014	NO	NO	5/12/2014		3-Aug	GUINEA WORM
9.1	5	M	TOPOSA	LOCHAPIO	KAUTO	KAPOETA EAST	5/19/2014	YES	NO		YES	13-Jun	GUINEA WORM
9.2							6/2/2014	YES	NO			13-Jun	GUINEA WORM
10.1	6	M	TOPOSA	LOCHAPIO	KAUTO	KAPOETA EAST	5/20/2014	YES	NO		YES	2-Jul	GUINEA WORM

Case #	Age	Sex	Ethnicity	Village/Locality of Detection			Date GW emerged (D/M/Y)	Case contained? (Yes/No/Pending)	Patient contaminated sources of water (Yes/No)	Date ABATE applied (D/M/Y)	Source* of infection established? (Yes/No)	Worm Specimen	
				Name	Payam	County						Date sent to CDC (D/M/Y)	Diagnosis
11.1	18	M	TOPOSA	LOCHAPIO	KAUTO	KAPOETA EAST	5/23/2014	YES	NO		YES	7-Jul	GUINEA WORM
12.1	28	M	JIE	LORIWO	JIE	KAPOETA EAST	5/30/2014	NO	YES	6/2/2014	YES	13-Jun	GUINEA WORM
12.2							6/14/2014	NO	YES	6/2/2014		1-Jul	GUINEA WORM
13.1	15	M	TOPOSA	NAKITIRIOK CC	KAUTO	KAPOETA EAST	6/1/2014	YES	NO		YES	13-Jun	GUINEA WORM
14.1	30	M	JIE	DOCHA	JIE	KAPOETA EAST	6/2/2014	YES	NO		YES	12-Jul	GUINEA WORM
15.1	13	M	TOPOSA	LOCHAPIO	KAUTO	KAPOETA EAST	6/6/2014	YES	NO		YES	23-Jun	GUINEA WORM
16.1	32	M	TOPOSA	TELEMABOYO	NARUS	KAPOETA EAST	6/10/2014	YES	NO		YES	23-Jun	GUINEA WORM
16.2							6/11/2014	YES	NO			23-Jun	GUINEA WORM
16.3							9/27/2014	YES	NO			2-Oct	GUINEA WORM
17.1	12	F	TOPOSA	ITIBO	KAUTO	KAPOETA EAST	6/17/2014	YES	NO		YES	1-Jul	GUINEA WORM
18.1	31	F	DINKA	DAK BUONG	ABUYONG	AWERIAL	6/21/2014	YES	NO		YES	12-Jul	GUINEA WORM
19.1	16	M	TOPOSA	NGISIGAR	MACHI I	KAPOETA SOUTH	6/28/2014	NO	YES	7/2/2014	YES	1-Jul	GUINEA WORM
20.1	4	F	DINKA	DAK BUONG	ABUYONG	AWERIAL	7/16/2014	YES	NO		YES	3-Aug	GUINEA WORM
21.1	50	F	DINKA	DAK BUONG	ABUYONG	AWERIAL	7/16/2014	YES	NO		YES	22-Sep	GUINEA WORM
22.1	19	M	TOPOSA	NATITIA	NARUS	KAPOETA EAST	7/19/2014	YES	NO		YES	8-Aug	GUINEA WORM
23.1	5	M	DINKA	DAK BUONG	ABUYONG	AWERIAL	7/21/2014	YES	NO		YES	13-Aug	GUINEA WORM
24.1	24	F	DINKA	YEPIC	PULUK	AWERIAL	7/22/2014	NO	YES	7/24/2014	YES	22-Sep	GUINEA WORM
25.1	25	F	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	7/23/2014	NO	NO	7/25/2014	YES	3-Aug	GUINEA WORM
25.2							8/16/2014	NO	NO	7/25/2014		27-Aug	GUINEA WORM
25.3							8/17/2014	NO	NO	7/25/2014		22-Sep	GUINEA WORM
26.1	20	F	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	7/23/2014	NO	NO	7/25/2014	YES	27-Aug	GUINEA WORM
27.1	12	M	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	7/25/2014	NO	YES	7/23/2014	YES	27-Aug	GUINEA WORM

Case #	Age	Sex	Ethnicity	Village/Locality of Detection			Date GW emerged (D/M/Y)	Case contained? (Yes/No/Pending)	Patient contaminated sources of water (Yes/No)	Date ABATE applied (D/M/Y)	Source* of infection established? (Yes/No)	Worm Specimen	
				Name	Payam	County						Date sent to CDC (D/M/Y)	Diagnosis
28.1	22	F	TOPOSA	KORICHUPA	KAUTO	KAPOETA EAST	7/26/2014	NO	YES	7/30/2014	YES	27-Aug	GUINEA WORM
29.1	20	M	TOPOSA	LOTUKOMOE	KAUTO	KAPOETA EAST	7/27/2014	NO	NO	7/31/2014	YES	2-Oct	GUINEA WORM
29.2	20	M	TOPOSA	LOTUKOMOE	KAUTO	KAPOETA EAST	9/11/2014	NO	NO	7/31/2014	YES		
30.1	14	F	DINKA	DAK BUONG	ABUYONG	AWERIAL	7/27/2014	YES	NO		YES	22-Sep	GUINEA WORM
30.2							8/3/2014	YES	NO			13-Aug	GUINEA WORM
31.1	30	F	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	7/27/2014	YES	NO		YES	27-Aug	GUINEA WORM
31.2							9/8/2014	YES	NO			2-Oct	GUINEA WORM
32.1	40	M	TOPOSA	BUNYAYE	KAUTO	KAPOETA EAST	7/28/2014	NO	NO		YES	27-Aug	GUINEA WORM
33.1	45	F	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	7/28/2014	YES	NO		YES	15-Sep	GUINEA WORM
34.1	8	F	DINKA	WUNKUM	ABUYONG	AWERIAL	7/28/2014	YES	NO		YES	22-Sep	GUINEA WORM
35.1	30	F	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	7/28/2014	YES	NO		YES	2-Oct	GUINEA WORM
36.1	24	M	TOPOSA	LONGELENGOR-KUCHARA-	KAUTO	KAPOETA EAST	7/28/2014	NO	NO		YES	27-Aug	GUINEA WORM
36.2				KORICHUPA			9/13/2014	NO	NO			13-Oct	GUINEA WORM
37.1	15	F	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	7/29/2014	NO	YES		YES	2-Oct	GUINEA WORM
38.1	10	M	TOPOSA	PARPAR	KAUTO	KAPOETA EAST	7/29/2014	YES	NO		YES	27-Aug	GUINEA WORM
38.2							8/16/2014	YES	NO			22-Aug	GUINEA WORM
39.1	26	M	TOPOSA	TARADUNA	KAUTO	KAPOETA EAST	7/29/2014	YES	NO		YES	27-Aug	GUINEA WORM
40.1	16	M	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	7/30/2014	YES	NO		YES	6-Aug	GUINEA WORM
40.2							8/15/2014	YES	NO			15-Sep	GUINEA WORM
41.1	26	M	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	7/30/2014	YES	NO		YES		

Case #	Age	Sex	Ethnicity	Village/Locality of Detection			Date GW emerged (D/M/Y)	Case contained? (Yes/No/Pending)	Patient contaminated sources of water (Yes/No)	Date ABATE applied (D/M/Y)	Source* of infection established? (Yes/No)	Worm Specimen	
				Name	Payam	County						Date sent to CDC (D/M/Y)	Diagnosis
42.1	35	F	TOPOSA	PARPAR	KAUTO	KAPOETA EAST	8/1/2014	NO	YES	YES	22-Sep	GUINEA WORM	
42.2							8/1/2014	NO	YES		22-Sep	GUINEA WORM	
42.3							8/11/2014	NO	YES		13-Oct	GUINEA WORM	
42.4							9/20/2014	NO	YES		13-Oct	GUINEA WORM	
43.1	5	F	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	8/3/2014	YES	NO	YES	22-Sep	GUINEA WORM	
43.2							8/4/2014	YES	NO		22-Sep	GUINEA WORM	
43.3							8/15/2014	YES	NO				
44.1	26	M	TOPOSA	EDOUKWANGA	KAUTO	KAPOETA EAST	8/4/2014	YES	NO	NO			
45.1	20	M	TOPOSA	LOTABO	NARUS	KAPOETA EAST	8/8/2014	NO	YES	8/9/2014	YES	6-Sep	GUINEA WORM
45.2							8/28/2014	NO	YES	8/9/2014		15-Sep	GUINEA WORM
46.1	4	M	DINKA	WUNKUM	ABUYONG	AWERIAL	8/8/2014	YES	NO	YES	22-Sep	GUINEA WORM	
47.1	15	F	TOPOSA	LONGELEGOR-KUCHARA-	KAUTO	KAPOETA EAST	8/8/2014	NO	NO	YES	22-Sep	GUINEA WORM	
48.1	21	M	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	8/9/2014	YES	NO	YES	13-Oct	GUINEA WORM	
49.1	10	F	DINKA	DAK BUONG	ABUYONG	AWERIAL	8/10/2014	YES	NO	YES	22-Sep	GUINEA WORM	
50.1	10	M	DINKA	DAK BUONG	ABUYONG	AWERIAL	8/12/2014	YES	NO	YES	22-Sep	GUINEA WORM	
51.1	21	F	JIE	LORIWO	JIE	KAPOETA EAST	8/13/2014	YES	NO	YES	15-Sep	GUINEA WORM	
52.1	24	M	TOPOSA	KACHILABO CC	KAUTO	KAPOETA EAST	8/14/2014	NO	YES	YES	22-Sep	GUINEA WORM	
53.1	4	F	DINKA	NYICIER CC	PULUK	AWERIAL	8/16/2014	YES	NO	YES			
54.1	17	F	TOPOSA	LOBURIN	KAUTO	KAPOETA EAST	8/16/2014	NO	YES	8/21/2014	YES	2-Oct	GUINEA WORM
55.1	36	F	TOPOSA	MUNA	KAUTO	KAPOETA EAST	8/21/2014	YES	NO	YES	2-Oct	GUINEA WORM	
55.2							8/30/2014	YES	NO		22-Sep	GUINEA WORM	
56.1	18	M	TOPOSA	LOPASMOE	KAUTO	KAPOETA EAST	8/23/2014	YES	NO	YES	22-Sep	PENDING	

Case #	Age	Sex	Ethnicity	Village/Locality of Detection			Date GW emerged (D/M/Y)	Case contained? (Yes/No/Pending)	Patient contaminated sources of water (Yes/No)	Date ABATE applied (D/M/Y)	Source* of infection established? (Yes/No)	Worm Specimen	
				Name	Payam	County						Date sent to CDC (D/M/Y)	Diagnosis
57.1	14	F	TOPOSA	LOMAYO	KAUTO	KAPOETA EAST	8/25/2014	YES	NO		YES	2-Oct	GUINEA WORM
58.1	27	M	TOPOSA	LOKUPE	KAUTO	KAPOETA EAST	8/25/2014	NO	YES	8/26/2014	YES	2-Oct	GUINEA WORM
59.1	25	M	DINKA	PAN KUNYUK	BARGEL	WULU	8/27/2014	NO	YES	9/5/2014	NO	6-Sep	GUINEA WORM
59.2							9/3/2014	NO	YES	9/5/2014		15-Sep	GUINEA WORM
60.1	22	M	TOPOSA	CHILAKWA	KAUTO	KAPOETA EAST	8/29/2014	YES	NO		YES	2-Oct	GUINEA WORM
60.2							8/29/2014	YES	NO			2-Oct	GUINEA WORM
61.1	40	F	TOPOSA	BUNYAYE	KAUTO	KAPOETA EAST	8/31/2014	YES	NO		YES		
62.1	25	F	TOPOSA	MUNA	KAUTO	KAPOETA EAST	9/2/2014	YES	NO		NO		
63.1	26	F	TOPOSA	LORUONOMOR	MOGOS	KAPOETA EAST	9/4/2014	YES	NO		NO		
64.1	24	M	TOPOSA	AMINABEI	KAUTO	KAPOETA EAST	9/6/2014	NO	NO	9/15/2014	YES	22-Sep	GUINEA WORM
65.1	40	F	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	9/10/2014	YES	NO		YES		
66.1	20	F	TOPOSA	NASUWATKOU	KAUTO	KAPOETA EAST	9/14/2014	YES	NO		YES	23-Oct	GUINEA WORM
67.1	24	M	TOPOSA	NAMERUMA-LOTTER	KAUTO	KAPOETA EAST	9/18/2014	YES	NO		YES		
68.1	25	M	JIE	LORIWO	JIE	KAPOETA EAST	9/28/2014	YES	NO		NO	23-Oct	PENDING
69.1	13	F	TOPOSA	NGIRO	KAUTO	KAPOETA EAST	9/30/2014	YES	NO		YES	13-Oct	PENDING

* Source: known visit or residence of patient in a known endemic village/locality or village/cluster where cases of GWD occurred 10-14 months before GW emerged, and verified by the GWEP.

Table 5

South Sudan Guinea Worm Eradication Program
Cases Reported and Contained during 2014* by State, County and Month

State	County	Cases Contained / Cases Reported													% Contained
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total	
Eastern Equatoria	Kapoeta East	0 / 0	0 / 0	3 / 3	3 / 4	3 / 4	5 / 6	8 / 16	9 / 15	6 / 8	/	/	/	37 / 56	66%
	Kapoeta North	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	0 / 0	/	/	/	0 / 1	0%
	Kapoeta South	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	0 / 0	0%
	STATE TOTAL	0 / 0	0 / 0	3 / 3	3 / 4	3 / 4	5 / 7	8 / 16	9 / 15	6 / 8	0 / 0	0 / 0	0 / 0	37 / 57	65%
Jonglei	Pibor	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	0 / 0	0%
	Nyiro [^]	/	/	/	/	/	/	/	/	0 / 0	/	/	/	0 / 0	0%
	Uror [^]	/	/	/	/	/	/	/	/	0 / 0	/	/	/	0 / 0	0%
	TOTAL	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0%
Warrap	Tonj North	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	0 / 0	0%
	Tonj East	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	0 / 0	0%
	Tonj South	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	0 / 0	0%
	Gogrial East	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	0 / 0	0%
STATE TOTAL	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0%	
Northern Bahr Al Ghazal	Aweil West	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	0 / 0	0%
		0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0%
Lakes	Awerial	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	5 / 5	3 / 3	0 / 0	/	/	/	9 / 9	100%
	Puluk	/	/	/	/	/	/	0 / 1	1 / 1	0 / 0	/	/	/	1 / 2	0%
	Bargel	/	/	/	/	/	/	/	0 / 1	0 / 0	/	/	/	0 / 1	0%
	STATE TOTAL	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	5 / 6	4 / 5	0 / 0	0 / 0	0 / 0	0 / 0	10 / 12	83%
SOUTH SUDAN TOTAL		0 / 0	0 / 0	3 / 3	3 / 4	3 / 4	6 / 8	13 / 22	13 / 20	6 / 8	0 / 0	0 / 0	0 / 0	47 / 69	68%
% CONTAINED		0%	0%	100%	75%	75%	75%	59%	65%	75%				68%	

* Provisional

[^] Counties not reporting due to insecurity

Uncontained cases

The Minister of Health of South Sudan, Honorable Dr. Riak Gai Kok, has decided to merge South Sudan's GWEP and its Onchocerciasis Control Program in an effort to improve the unsatisfactory performance of the latter, and he has designated Mr. Makoy to lead the combined programs. Mr. Makoy will use his new position to engage village-based mass drug administrators of ivermectin (for onchocerciasis) to conduct surveillance of GWD also. CONGRATULATIONS, Mr. Makoy!!

CHAD: TWO MORE HUMAN INFECTIONS; EXPANDED RESEARCH UNDERWAY



Chad's GWEP reported a 5 year old girl resident of Maimou village of Sarh district in Moyen Chari region whose worm emerged on September 24 (Table: 6). This brings the number of GW infections detected in humans in Chad so far this year to 11 (55% contained), compared to 9 cases reported during the same period of 2013. The unusual epidemiological pattern of sporadic infections in humans and more frequent infections in dogs in Chad continues: the number of infected dogs detected during the same period of 2014 is 108 in 53 villages. Interestingly, Chad reported a male, age 20 from Haraze, Salamat Region to have developed GWD around August 20, 2014 who was investigated two days later by the local health center director. The last cases of GWD from Haraze were reported during the eradication campaign in the 1990s. As then, this area of Chad becomes isolated annually during the rainy season, due to flooding. The worm emerged from the patient's right leg and the specimen confirmed to be a Guinea worm at CDC on 15 October 2014. Whereas the patient's travel history during 2014 indicates he visited Mouray, in Am-Timan, Salamat in June; Abouaiche, Am-Dam, Sila in August; and Abeche, Ouddai, in August, no information has been provided yet regarding his travel and residential history during 2013! The investigation of this case is ongoing, and hopefully, more details about this case of GWD will be shared during the GWEP review meeting in early November.

In collaboration with Dr. Mark Eberhard, ICCDE member and retired scientist from CDC, The Carter Center and CDC have begun implementing an enhanced operational research agenda to help address some issues related to the "peculiar epidemiology" of Guinea worm infections currently occurring in Chad. The six agenda issues being addressed and the rationale for each are:

- Continue studies of DNA of dog and human Guinea worms in Chad. *Why? Confirm they are the same.*
- Study longevity of viable L3 larvae of D. medinensis in fish and in copepods. *Why? Implications for a paratenic host and duration of surveillance after the last case of GWD.*
- What species of copepods are involved in Chad? *Why? Are these different from other known intermediate hosts for D. medinensis?*
- Document Dracunculus in fish and/or copepods, using PCR. *Why? Confirm current hypothesis of paratenic host.*
- Explore possible wild animal host in Chad. *Why? A reservoir of dracunculiasis in wild animals would change prospects for eradication.*
- Conduct literature reviews of fish and Dracunculus; wild carnivores (especially fish-eating) in Chad; evidence of recent ecological changes in Chari River basin; published information on different implicated copepod species and other mammalian hosts of Dracunculus. *Why? Learn all we might find helpful from what is already known.*

Table 6

Chad Guinea Worm Eradication Program
Line Listing of Cases: 2014

Case #	Age	Sex	Ethnicity	Village/Locality of Detection			Date GW emerged (D/M/Y)	Case contained? (Yes/No/Pending)	Patient contaminated sources of water (Yes/No)	Date ABATE applied (D/M/Y)	Source* of infection established? (Yes/No)	Worm Specimen	
				Name	District/ payam/ woreda	County/ Region						Date sent to CDC (D/M/Y)	Diagnosis
1	9	F	Sara Madjigay	Maimou	Sarh	Moyen Chari	18-Jan-14	yes	no	no	no- eats fish	18-Apr-14	GW
2	52	F		Yadime	Bouso	Chari Baguirmi	14-Feb-14	yes	no	no	no- eats fish	18-Apr-14	GW
3	11	F	Sara	Nanguigoto	Guelendeng	Mayo Kebbi Est	7-Mar-14	yes	no	no	yes- Lelgoui pond	18-Apr-14	GW
4	11	M	Massa	Bongor	Bongor	Mayo Kebbi Est	12-Apr-14	yes	no	no	Yes-Toyobo Pond-Digini village	18-Apr-14	GW
5	40	M	Mongo	Kalam Kalam	Mandelia	Chari Baguirmi	9-May-14	no	no	no	no- eats fish/sells frogs	19-Aug-14	GW
6	13	F	Sara Kaba	Massa Kaba	Kyabe	Moyen Chari	30-Jun-14	no	no	no	no- eats fish	19-Aug-14	GW
7	22	F	Sara Kaba	Moudjououssou	Kyabe	Moyen Chari	15-Jul-14	no	no	no	no- eats fish	19-Aug-14	GW
8	30	F	Sara	Kirah	Sarh	Moyen Chari	18-Jul-14	yes	no	no	no- eats fish	17-Sep-14	GW
9	28	F	Baguirmi	Boti	Bouso	Chari Baguirmi	24-Jul-14	no	yes	24-Aug-14	no- eats fish	17-Sep-14	GW
10	20	M	Rouga	Am-Bissirigne	Am-Bassirigne	Salamat	20-Aug-14	?	?	no	?	17-Sep-14	GW
11	5	F	Sara	Maimou	Sarh	Moyen Chari	24-Sep-14	yes	no	no	Yes, same house as case #12 (2013), niece of case #13 (2013), same concession as dog		

* Source: known visit or residence of patient in a known endemic village/locality or village/cluster where cases of GWD occurred 10-14 months before GW emerged, and verified by the GWEP.

Table 7

Ethiopia Guinea Worm Eradication Program
Line Listing of Cases: 2014

Case #	Age	Sex	Ethnicity	Village/Locality of Detection			Date GW emerged (D/M/Y)	Case contained? (Yes/No/Pending)	Patient contaminated sources of water (Yes/No)	Date ABATE applied (D/M/Y)	Source* of infection established? (Yes/No)	Worm Specimen	
				Name	District/ payam/ woreda	County/ Region						Date sent to CDC (D/M/Y)	Diagnosis
1.1	65	M	Agunak	Gambella Town	Gambella Town	Ethiopia/Gambella	12-Jun-14	Yes	No	19-Jun-14	No	16-Jul-14	GW
2.1	12	M	Agunak	Wichini	Gog	Ethiopia/Gambella	22-Jun-14	Yes	No	and 24-Jun	No	24-Jul-14	GW

* Source: known visit or residence of patient in a known endemic village/locality or village/cluster where cases of GWD occurred 10-14 months before GW emerged, and verified by the GWEP.

IN BRIEF

Ethiopia. The EDEP began publicizing the increased cash rewards of 2,000 Birr (~ US \$100) to the informant, including self-reporting patients, 1,000 Birr to patients reported by other persons (informants), in late September in the Southern Nations and Nationalities Peoples Region, and early October in Gambella Region. The listing of cases reported in June is shown in Table 7.

WHO-LED TECHNICAL SUPPORT MISSION IN FOLLOW-UP TO A RUMORED CASE OF GWD REPORTED FROM MOULVOUDAYE DISTRICT, CAMEROON



World Health
Organization

On September 15, 2014 M. Assane Djourrom, a GW volunteer worker from the Chad GWEP who had traveled to Moulvoudaye market in Cameroon to sell his animals, reported seeing a person with Guinea worm disease (GWD) at this market. Later, he reported the event to Dr. Mahamat Tahir Ali, the Chadian GWEP national coordinator. Dr. Ali notified the WHO office in N'Djamena, which led to an investigation by the National Coordinator GWEP of Cameroon, M. Flaubert Danbé, on 30 September 2014 to verify this claim. M. Flaubert Danbé was not able to find the allegedly infected person due to the limited information available about the rumour.

From 5 - 16 October 2014, Dr Andrew Seidu Korkor, from WHO/ AFRO visited the Extreme North Region of Cameroon (Maroua regional headquarters, Logone Cross-border point and market, Yagoua District and Moulvoudaye District) to follow up on the rumor investigation and provide support to strengthen the overall surveillance of GWD in Cameroon particularly in the 16 districts bordering Chad.

Dr. Korkor's team reviewed the regional/national and district health responses to rumors, notified in general, and the recent one notified from Chad in particular; assessed community-members (at Yagoua) knowledge about GWD; participated in two preparatory meetings of regional supervisors and district supervisors for upcoming NIDs (31st October – 2nd November); sensitized them on GWD rumor investigation and use of community-health events to conduct GWD case searches; reviewed the status of implementation of joint cross-border meeting plans with Chad elaborated last year in Bongor, Chad; worked with the Cameroon GWEP National Coordinator to identify/update the list of high-risk districts in northern Cameroon; and elaborated priority activities for immediate and short-to medium term actions.

General Findings /Observations

- To garner additional information on the recent rumor, the mission spoke by phone with the Chad Community health worker, Mr. Assane Djourrom, who saw the alleged patient (name and contact provided by Dr. Marthe, NPO/Chad). Mr. Djourrom denied visiting Moulvoudaye for a funeral; he said he came to the market to sell beef, where he saw a man with a skin lesion that looked like a GW ulcer (“something small in sticking out from the ulcer”).[Initial reports said he saw an emerging worm wrapped around a stick.] Mr. Djourrom could not take details of the alleged patient (name and locality/village) because the person was uncooperative. As a result, the person's village of residence could not be ascertained.
- Except for this incident, the program has consistently followed up and investigated all rumors notified so far this year, all within 24 hours.
 - The National Coordinator, who is also the Regional Disease Control/Surveillance officer, has made efforts to investigate the current rumor, but the information received was insufficient to trace the residence of this person.

- No one in the areas visited (Logone crossing point and Moulvoudaye) has seen a person with a worm emerging through the skin in recent years.
- Knowledge about guinea worm disease among health workers and community members remains high:
 - Health workers participating in the meeting/met on the field knew the case definition and recognized the picture.
 - Over 50 people at Logone market/crossing point were waiting to cross over to Chad. All adults among about a group of about 10-15 immediately recognized the worm on the picture card, mentioned the local name for it, but said they had seen it “over 40 years ago”. A few young ones did not know it.
- GWE posters were displayed at the Regional/National secretariat, the district health bureau in Moulvoudaye.

Follow up actions are as follows:

- The program is to conduct a dracunculiasis case search in all villages in all high-risk districts (16 in all) in the Extreme North and North Regions; and the Program should make use of the upcoming NID (31st October – 2nd November) and subsequent NIDs to complete the case searches.
- The program should immediately prioritize the following activities identified during the cross-border meeting at Bongor/ Chad last year in the high-risk districts:
 - train/sensitize health workers to immediately and adequately respond to rumours;
 - increase awareness among the general population using appropriate channels;
 - identify inter-country /cross-border focal points (names and telephone numbers) to facilitate immediate cross-border communication.
- In view of the very high risk of cases of GWD from Chad being detected in Cameroon, the Ministry of Health/Guinea Worm Eradication Program should consider re-instating and advertising a cash reward for reports of cases of GWD.

BASF EXTENDS PLEDGE OF ABATE® FOR GWEP THROUGH 2018

In September, BASF approved a new pledge of ABATE® larvicide for the GLOBAL GWEP. A longtime partner of The Carter Center, BASF has donated ABATE® for many years. In 2000, BASF took over the Cyanamid crop protection division from American Home Products Corporation. Together, these companies (and American Cyanamid before them) have donated more than 200,000 liters of ABATE® larvicide to the fight against Guinea worm disease since 1990, valued at more than \$4.2 million. The donation has been a key intervention against transmission in all 21 endemic countries in Africa and Asia. BASF had already made a pledge last year that would have provided the ABATE® needed by the GWEP through 2015 and the River Blindness Elimination Program in Uganda through 2020. Their new pledge extends the ABATE® for the GWEP through 2018. This is an increase of 2,980 liters of ABATE® pledged to the GWEP, valued at \$59,600.

As part of their corporate mission, BASF aims to help meet the current and future needs of society through science and innovation. The company’s public health business is dedicated to improving the quality of life for people in developing nations around the globe through disease prevention. This goal is accomplished by working with international health, government, and humanitarian organizations to provide vector control products and programs. The public health business is part of BASF’s crop protection division, a strong partner to the farming industry that provides well-established and innovative

fungicides, insecticides and herbicides to improve crop yields and quality. BASF's continued commitment to improving global health is greatly appreciated in the fight against Guinea worm disease.

TRANSITIONS

Dr. Gautam Biwas has been promoted to Coordinator of the Preventive Chemotherapy and Transmission unit in the Neglected Tropical Diseases Department at WHO headquarters, effective October 6th. Formerly team leader of the GW Eradication Unit at WHO, Dr. Biswas led the latter stages of the GWEP in India, and served as medical officer for lymphatic filariasis at WHO headquarters for 9 years before becoming team leader for GWD eradication in 2008. CONGRATULATIONS, Gautam!!

MEETINGS

- The 64th Session of the WHO Regional Committee for Africa will be held in Cotonou, Benin on November 3-7, 2014.
- Chad GWEP Annual Review: November 4-6 in Bongor, Chad.
- Ethiopia DEP Annual Review: December 3-4 in Jimma, Ethiopia.
- The tenth meeting of the International Commission for the Certification of Dracunculiasis Eradication (ICCDE) will be held at WHO headquarters in Geneva on January 14-15, following a scientific meeting convened by WHO on January 12-13 to discuss operational research questions relevant to Guinea worm eradication.
- South Sudan GWEP Annual Review: January 21-22, 2015 in Juba, South Sudan.
- Mali GWEP Annual Review: February 16-17, 2015 in Bamako, Mali.
- Annual Meeting of National Program Managers: February 18-20, 2015 in Bamako, Mali.

EXHIBIT

An exhibition on the challenges and successes of eradicating diseases, "*Countdown to Zero*", will open at the American Museum of Natural History in New York City on January 13, 2015. It will remain on view there until July 12, 2015. The exhibition, which was developed in collaboration with The Carter Center, will feature the campaign to eradicate Guinea worm disease, and also highlight ongoing programs to eradicate polio and to eliminate onchocerciasis, lymphatic filariasis and malaria.

RECENT PUBLICATIONS

McNeil, Donald G Jr, 2014. A dog's life in Chad: filling up on fish guts and on Guinea worms. New York Times September 30, pD5.

WHO, 2014. Monthly report on dracunculiasis cases, January – August 2014. Wkly Epidemiol Rec 89:455-456.

THE CARTER CENTER RECRUITING FOR GW POSITION

THE
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Waging Peace. Fighting Disease. Building Hope.

The Carter Center is recruiting for a full-time Atlanta-based epidemiologist position for its Guinea Worm Eradication Program. Below is a summary position announcement description.

- Epidemiologist, GW; #46676BR. Required: doctoral degree (MD, PhD, DVM) in a medical or related field; a public health degree (MPH), or equivalent education and experience; and fluency in French and English. Experience in community-based public health or development work in Africa would be an advantage. To be considered for this position you must apply online: <http://www.hr.emory.edu/eu/carreers/>

Inclusion of information in the Guinea Worm Wrap-Up does not constitute “publication” of that information.
In memory of BOB KAISER

Note to contributors:

Submit your contributions via email to Dr. Sharon Roy (gwwrapup@cdc.gov) or to Dr. Ernesto Ruiz-Tiben (eruziti@emory.edu), by the end of the month for publication in the following month’s issue. Contributors to this issue were: the national Guinea Worm Eradication Programs, Drs. Donald R. Hopkins and Ernesto Ruiz-Tiben of The Carter Center, Drs. Sharon Roy and Mark Eberhard of CDC and Dr. Dieudonné Sankara of WHO.

WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, Center for Global Health, Centers for Disease Control and Prevention, Mailstop C-09, 1600 Clifton Road NE, Atlanta, GA 30333, USA, email: gwwrapup@cdc.gov, fax: 404-728-8040. The GW Wrap-Up web location is <http://www.cdc.gov/parasites/guineaworm/publications.html#gwwp>

Back issues are also available on the Carter Center web site English and French are located at http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_english.html.
http://www.cartercenter.org/news/publications/health/guinea_worm_wrapup_francais.html



World Health
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CDC is the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis.