



Date: January 27, 2006



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

Subject: GUINEA WORM WRAP-UP #159

To: Addressees

BENIN & MAURITANIA BREAK TRANSMISSION!

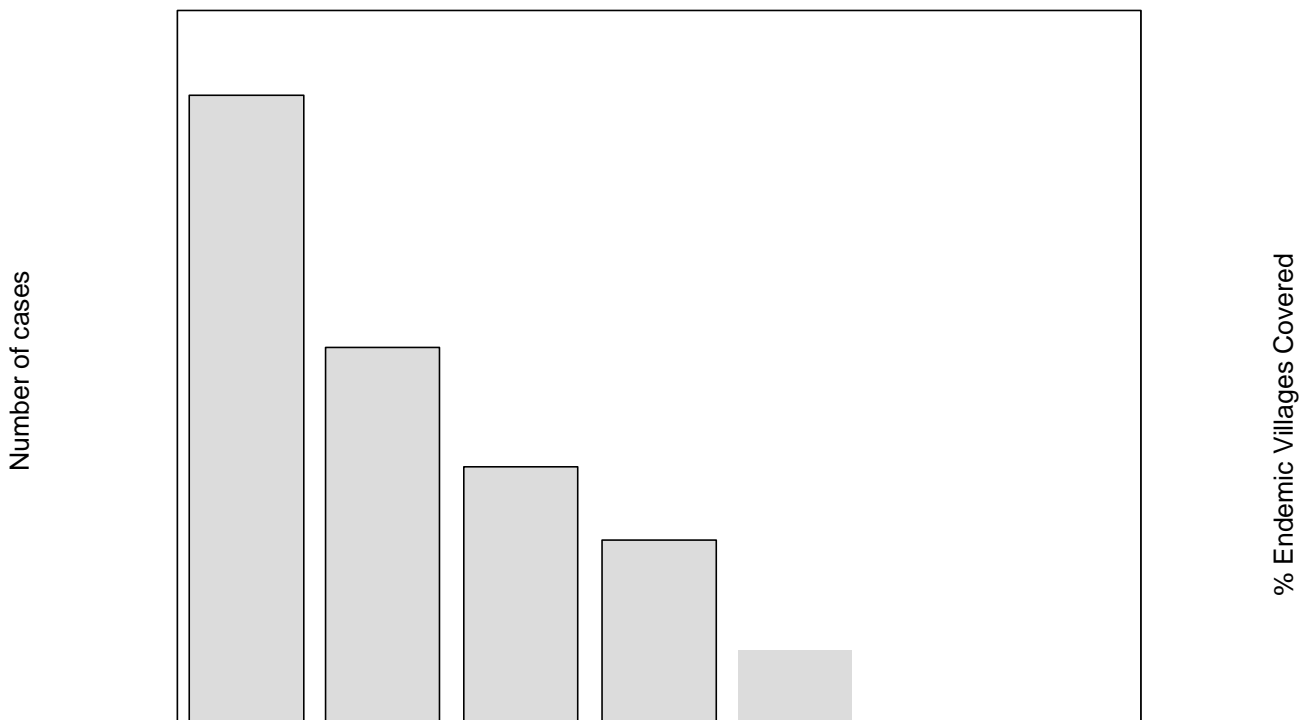


Benin and Mauritania both reported zero indigenous cases of dracunculiasis (Guinea worm disease) for a full calendar year for the first time in 2005. Benin's last reported indigenous case was reported in March 2004, while Mauritania's final indigenous case was reported in June 2004. These two countries reported peaks of 37,414 and 8,301 cases, respectively, in 1990. Congratulations to Benin's National Coordinator, Dr. Aristide Paraiso, and to Mauritania's National Coordinator, Dr. M'hammed Ould Sidi Lebatt and their respective GWEP staff for this achievement! We are delighted to welcome them to the non-endemic countries in the pre-certification stage, which is being supported and led by the World Health Organization (WHO)!!! Eleven of the 20 formerly endemic countries have now interrupted transmission of dracunculiasis.

Of the nine remaining endemic countries, Nigeria and Togo made the next most significant advances in 2005, reducing their numbers of indigenous cases by -76% (from 495 to 120 cases) and -70% (from 232 to 70 cases), respectively. Nigeria reported fewer cases than Mali and Niger for the first time, while Togo reported less than 100 cases in a calendar year for the first time. (Figures 1, 2, and 3) During the last five months of 2005, Nigeria reported only 5 indigenous cases, compared to 112 indigenous cases in the same five months of 2004, for a reduction of -96% during what used to be Nigeria's peak transmission season. All five of the cases in August - December 2005 were reportedly contained, compared to 91% of the 112 cases in the same period of 2004. Only 40 villages in Nigeria reported one or more cases of dracunculiasis during 2005, a reduction of -53% from the 85 villages that reported one or more cases during 2004. Nigeria's National Committee on Certification for Guinea Worm Disease Eradication met for the first time in Minna, Niger State on November 29-30, 2005 (see *Guinea Worm Wrap-Up #156* for the list of members). During the last 5 months of 2005, Togo reported only 17 indigenous case, compared to 78 indigenous cases during the same five months of 2004, for a reduction of -78% during what used to be Togo's peak transmission season. Fourteen (82%) of the 17 cases reported in Togo during August - December 2005 were contained. Nigeria reported a peak of 653,492 cases in 1988 and Togo a peak of 10,349 cases in 1993.

Of the next least endemic countries, Ethiopia reported 5 uncontained cases (out of 37 total) in 2005, Cote d'Ivoire 6 uncontained (of 10), and Burkina Faso 9 uncontained (of 30).

CASES REPORTED, AVERAGE OF ENDEMIC VILLAGES WITH FILTERS AND



* Provisional

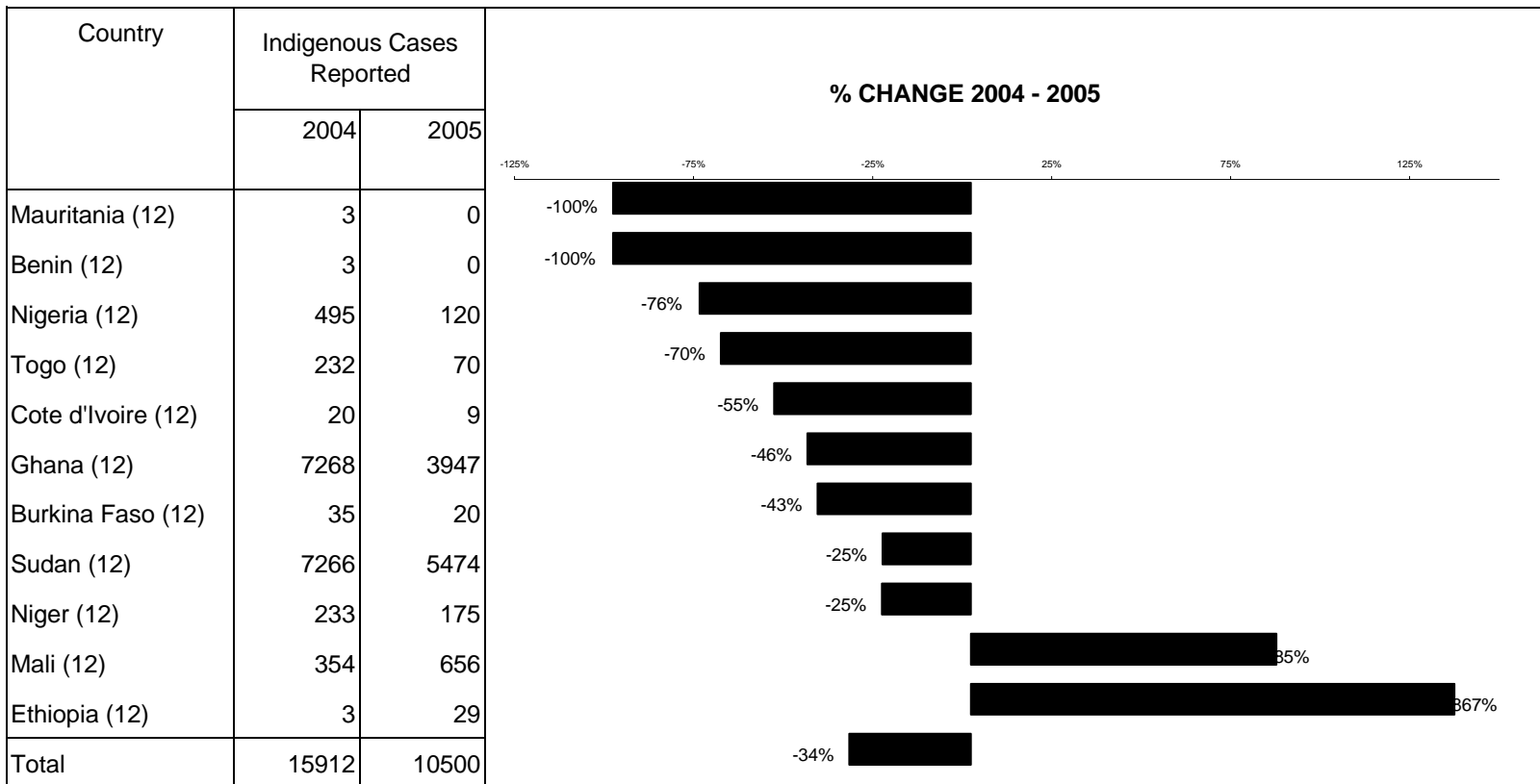
Figure 3

ALLEGED CASE IMPORTED FROM NIGERIA TO CAMEROON

Dr. Dama Mana, the national program coordinator of Cameroon, has reported an alleged case of dracunculiasis imported into Cameroon from Bama Local Government Area in Borno State, Nigeria. Analysis of the DNA on the specimen received at CDC from WHO headquarters in November 2005 confirms that the worm that was examined is *D. medinensis*. The patient, a 12 year-old Cameroonian boy, reportedly entered Nigeria in February 2004 after studying at a Koranic school in Nigeria since 2002, and the worm was obtained after incision and drainage of an abscess on March 13, 2004. Although it is true, as Nigeria's GWEP staff argued, that this person did not meet the international definition of a case of GWD, there is no question now that this person was infected with

Figure 4

Number of Indigenous Cases Reported During the Specified Period in 2004 and 2005*, and Percent Change in Cases Reported



(12)Indicates months for which reports were received, i.e., Jan-Dec 2005

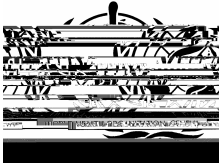
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Overall % change outside Sudan =-42%

GHANA REPORT

IN BRIEF:

Niger. Carter Center resident technical advisor Mr. M. Salissou Kane and Health and Development International's president Dr. Anders Seim met with President Tandja Mamadou of Niger on January 13. President Tandja requested a list of the remaining endemic villages in Niger to coordinate it with a water supply project



WHO is planning to conduct an independent external evaluation to confirm the interruption of transmission of Guinea worm disease in Mauritania. The proposed evaluation will take place

Figure 5



*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. Sharon Roy, 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.