DEPARTMENT OF HEALTH & HUMAN SERVICES

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

Date: April 6, 2007

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

Subject: GUINEA WORM WRAP-UP #171

To: Addressees

Countdown to Glory
Consecutive months with zero indigenous cases:
Ethiopia 9
Cote d' Ivoire 5
Burkina Faso 3
Togo 3
Mali 2

"Therefore, since we are surrounded by so great a cloud of witnesses…let us run with perseverance the race that is set before us…." St. Paul

BURKINA FASO HOSTS 12TH MEETING OF NATIONAL COORDINATORS

Nearly one hundred participants attended the 12th Meeting of National Program Coordinators of Dracunculiasis Eradication Programs, which was convened at the Hotel Splendide in Ouagadougou, Burkina Faso on March 27-29, 2007. The meeting, which was opened by Burkina Faso's minister of health, the Honorable Mr. Alain Yoda

Table 1

Dracunculiasis Eradication Campaign: Status of Interventions During 2006*

Country	Number of reported cases (indigenous) in 2006	Number of reported cases (imported) in 2006**	% of all cases reported that were contained during 2006	No. of villages/localities where interventions were applied in 2005 and 2006	% Change in cases where interventions were applied in 2005-2006	Villages/Localities								
						No. reporting one or more cases	No. reporting only imported cases	No. reporting indigenous cases	% reporting monthly^	% with filters in all households^	% using Abate^	% with one or more sources of safe water^	% provided health education^
Sudan ***	20,580	2	49%	3,137		3,345	208	3,137	63%	47%	6%	16%	71%
Ghana	4,134	2	75%	732	-12%	606	260						

Figure 1

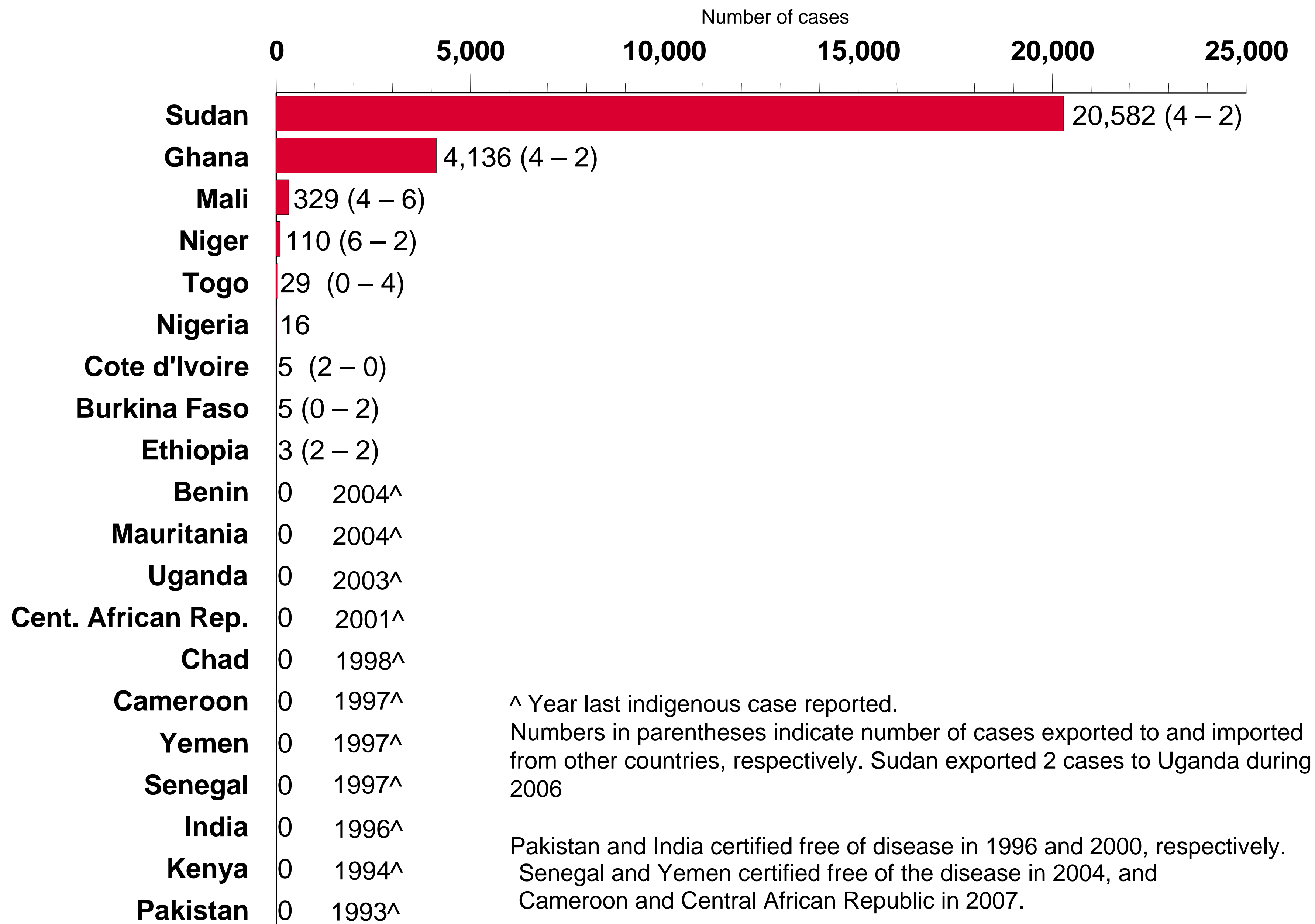
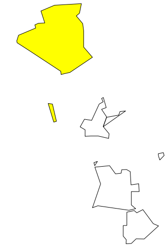


Figure 2

Distribution of 25,216 Indigenous Cases of Dracunculiasis: 2006*



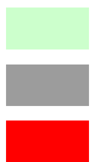


Table 3

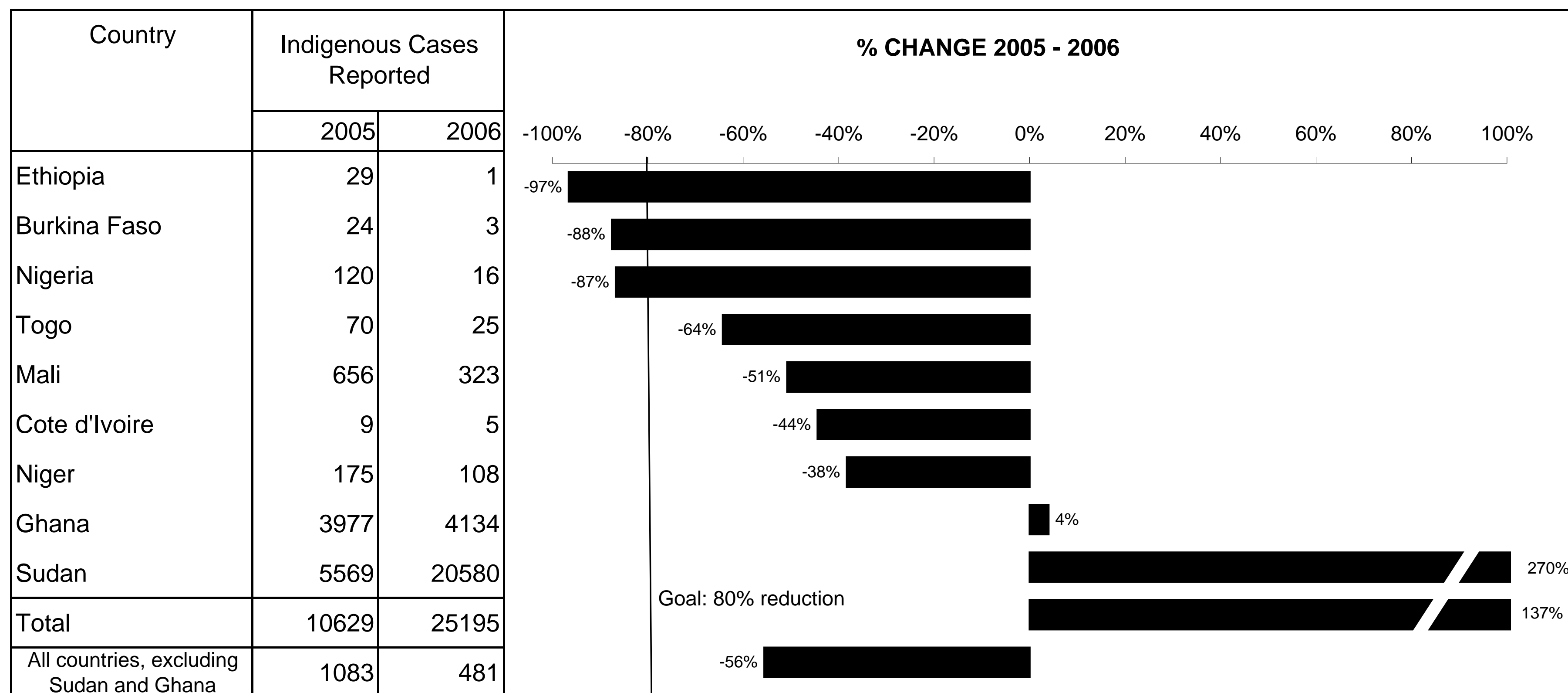
Number of Cases Contained and Number Reported by Month during 2007*
(Countries arranged in descending order of cases in 2006)

COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	CONT.
SUDAN	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	
GHANA	901 / 1009	682 / 752	/	/	/	/	/	/	/	/	/	/	1583 / 1761	90
MALI	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	0 / 0	
NIGER	3 / 3	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	3 / 3	100
TOGO	0 / 0	0 / 1	0 / 0	/	/	/	/	/	/	/	/	/	0 / 1	0
NIGERIA	7 / 32	9 / 9	1 / 1	/	/	/	/	/	/	/	/	/	17 / 42	40
BURKINA FASO	2 / 2	0 / 0	/	/	/	/	/	/	/	/	/	/	2 / 2	100
COTE D'IVOIRE	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	0 / 0	
ETHIOPIA	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	0 / 0	
TOTAL*	913 / 1046	691 / 762	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1605 / 1809	89
% CONTAINED	87	91	100										89	
% CONT. OUTSIDE SUDAN	87	91											89	

*

Figure 3

Number of Indigenous Cases Reported During the Specified Period in 2005 and 2006, and Percent Change in Cases Reported

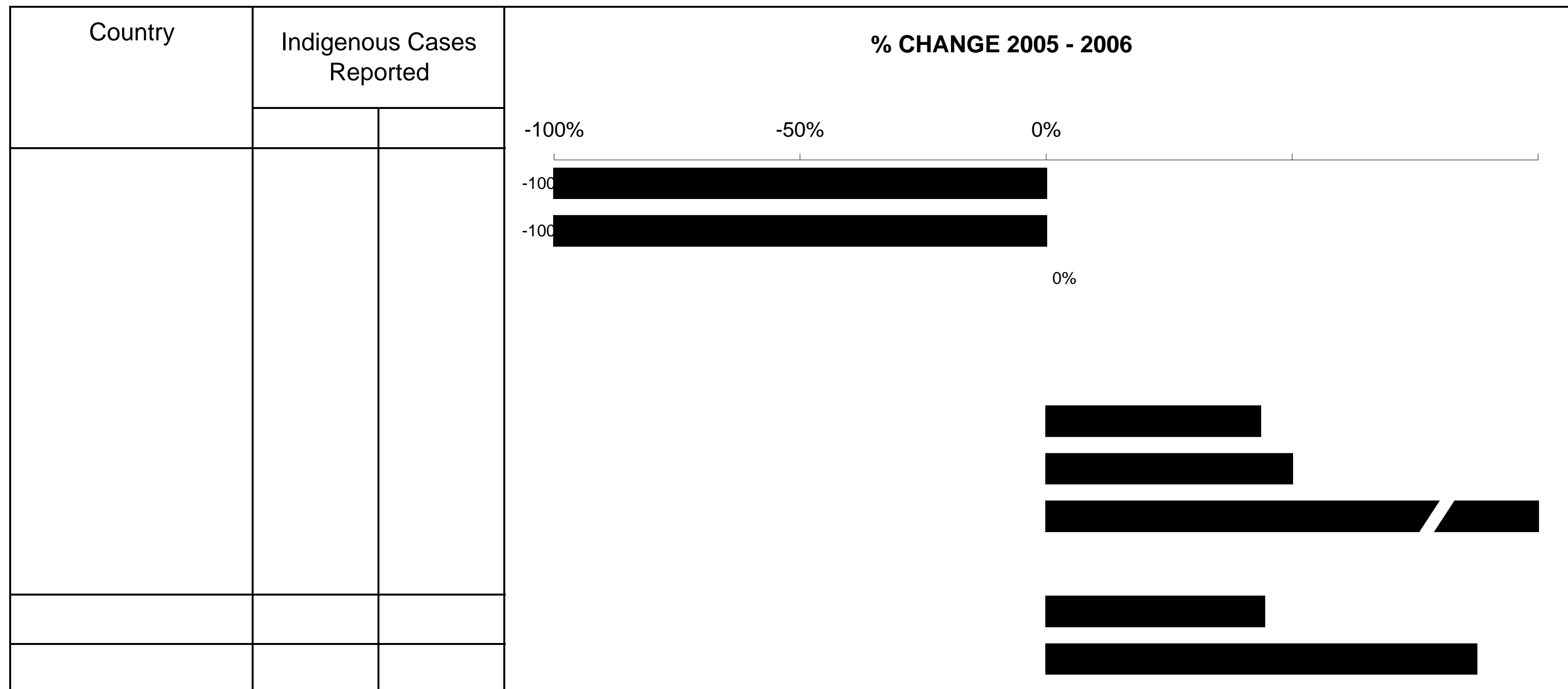


Country	Indigenous Cases Reported		% CHANGE 2005 - 2006
	2005	2006	
Ethiopia	29	1	-97%
Burkina Faso	24	3	-88%
Nigeria	120	16	-87%
Togo	70	25	-64%
Mali	656	323	-51%
Cote d'Ivoire	9	5	-44%
Niger	175	108	-38%
Ghana	3977	4134	4%
Sudan	5569	20580	270%
Total	10629	25195	137%
All countries, excluding Sudan and Ghana	1083	481	-56%

Overall % change outside of Sudan = -9%

Figure 6

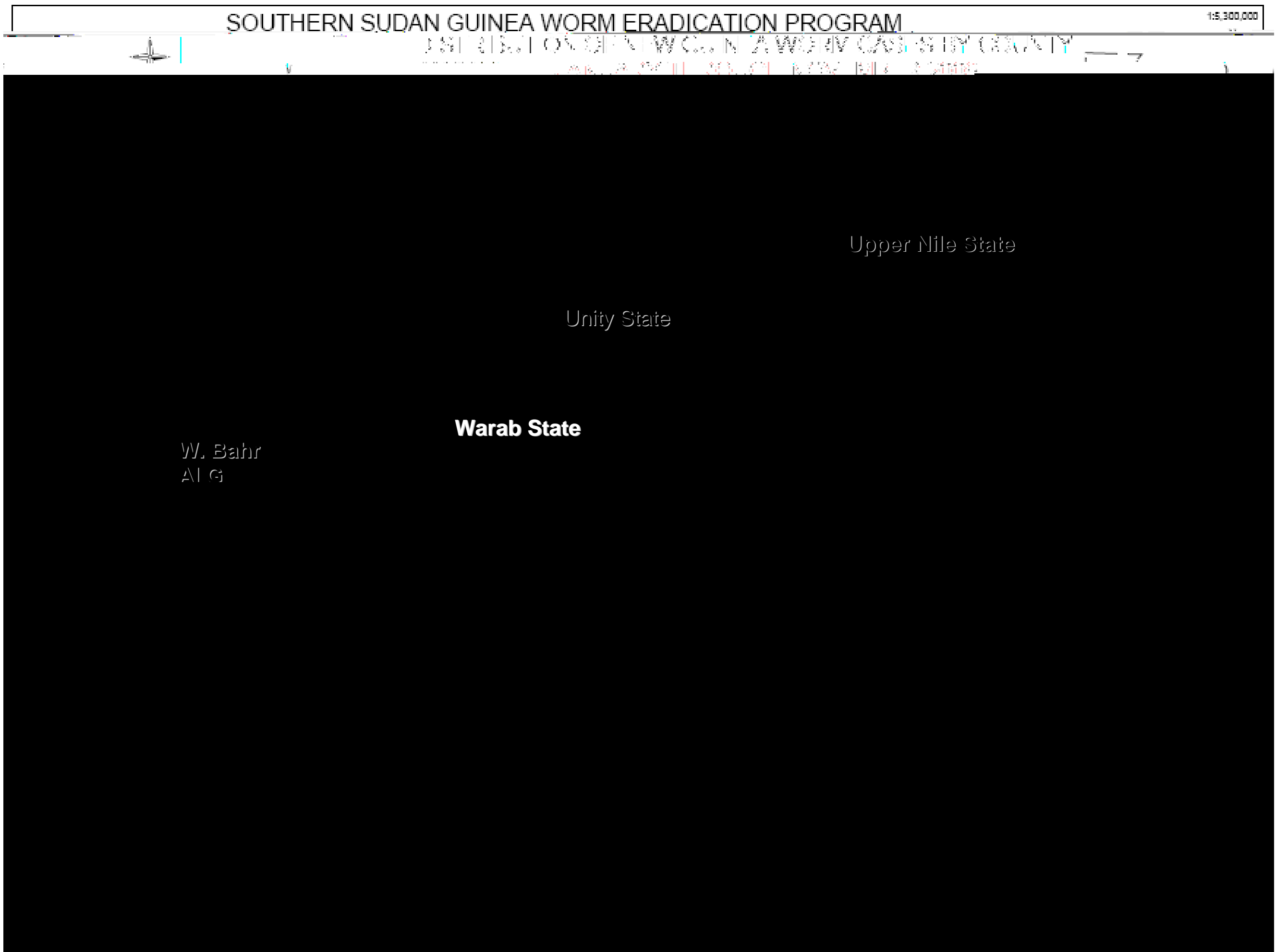
Number of Indigenous Cases Reported During the Specified Period in 2006 and 2007*, and Percent Change in Cases Reported



an area with limited access due to insecurity and ethnic conflict. A reward of 100 Ethiopian Birr (~$12) is offered for reporting a case, and the national certification commission (established in 2002) is being revitalized.

Ghana reported 4,134 indigenous cases,

Figure 7



2. The Commission noted that dracunculiasis eradication was endorsed by the World Health Assembly in 1991 and 2004. As one of the Organization's two eradication initiatives, the programme requires greatly increased recognition, promotion and support at the highest level of WHO and partner organizations. This is merited because all the endemic countries now reside in sub-Saharan Africa and the most vulnerable populations are affected by this neglected tropical disease (NTD)

3. Despite the substantial progress made by the eradication programme, numerous operational and administrative challenges and obstacles to success remain, particularly in Ghana and Sudan.

4. As activities accelerate for completing eradication in endemic countries, certification actions will increase. These activities require careful coordination and cooperation between countries and partner organizations.

5. WHO staffing, operational and financial resources for strengthening surveillance, certification, documentation, communication, and coordination activities at HQ and in the field are inadequate. This requires urgent consideration in view of activities to be carried out for completion of the programme.

6. The ICCDE should participate more actively in review of field activities in countries preparing for certification and in endemic countries. The epidemiological situation and operational activities in Ghana and Sudan merit special field evaluation by the ICCDE.

7. Research at the WHO collaborating Center for Research, Training and Eradication of Dracunculiasis of the Centers for Disease Control and Prevention, Atlanta, on molecular identification

4. The current programme problems and possible solutions should be presented in April 2007 in Johannesburg at an African Union Ministers of Health Meeting.

5. An ICCDE representative should join the strategy review to be planned for May 2007 of the World Health Assembly to include Ministers from Ghana and Sudan and the Regional Director of AFRO and EMRO.

6. More frequent articles in the Weekly Epidemiological Record, other WHO publications and the general scientific and lay press are needed to inform the scientific and lay communities of programme progress: this requires coordination with The Carter Center and the CDC Collaborating Center which

INTERAGENCY MEETING HELD AT OUAGADOUGOU

The Interagency Coordinating Group for Dracunculiasis Eradication met immediately after closure of the program managers meeting at Ouagadougou on March 29th. Participants included representatives of The

2. Develop a plan of action and the budget needed to ensure the implementation of a nation-wide reward system in 2007.

The Ministry of Health should:

1. Establish, by October 2007 or sooner, a functioning National Commission/Committee for the Certification of Dracunculiasis Eradication;

2. Appoint, as soon as possible, a National Programme Coordinator.

COTE D'IVOIE

The Ministry of Health should, by October 2007, formalize the National Committee for the Certification of Dracunculiasis Eradication in Côte d'Ivoire.

The programme of Côte d'Ivoire should:

1. Collaborate with "les forces nouvelles" to facilitate the interventions against transmission of dracunculiasis in the endemic or at risk zones in the northern part of the country;

2. Strengthen the cross-border surveillance activities, particularly with Ghana to ensure detection of all cross border cases;

3. Develop a protocol, plan of action, and budget needed to ensure the implementation a nation-wide reward system during 2007.

ETHIOPIA

The programme of Ethiopia should:

1. Remain vigilant in all formerly endemic and high-risk areas in strengthening surveillance activities.

2. Collaborate with the Sudanese programme, particularly with Southern Sudan, to promptly detect and contain any cross border cases as they occur.

3. Revitalize the National Commission for Certification of Dracunculiasis Eradication.

4. Activate surveillance activities in Akobo Woreda, in all villages and cattle camps.

GHANA

The programme of Ghana should:

1. Continue to collaborate with Togo's programme on implementing cross-border coordination meetings and on improving communications through local radio FM stations, with villages along the border with Togo, using the financial support from UNICEF/Togo and UNICEF/Ghana;

2. Recruit persons from recalcitrant communities to help improve the programme interventions, community mobilisation and behaviour changes.

MALI

The programme should start hospitalising cases of dracunculiasis voluntarily as part of its strategy of case containment.

NIGER

1. The government and partners of Niger's programme should seek for additional resources ai

Figure 8, depicts the trend in reductions of cases of dracunculiasis during 1989-2006. Changes in the number of endemic villages in Sudan, Ghana, and all other 7 endemic countries combined is shown i

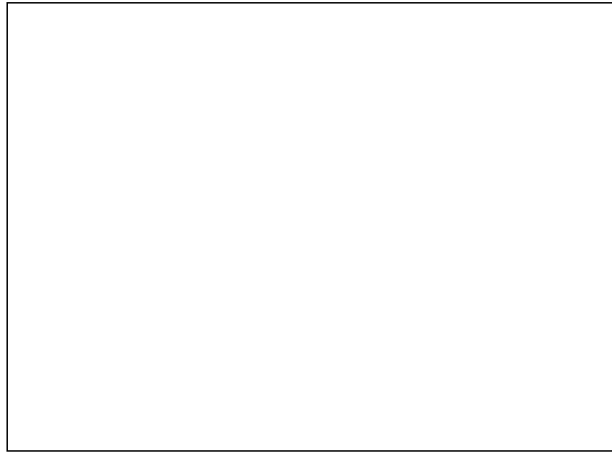


Figure 9

Guinea Worm Eradication Program
Status of Eradication Efforts: 2006

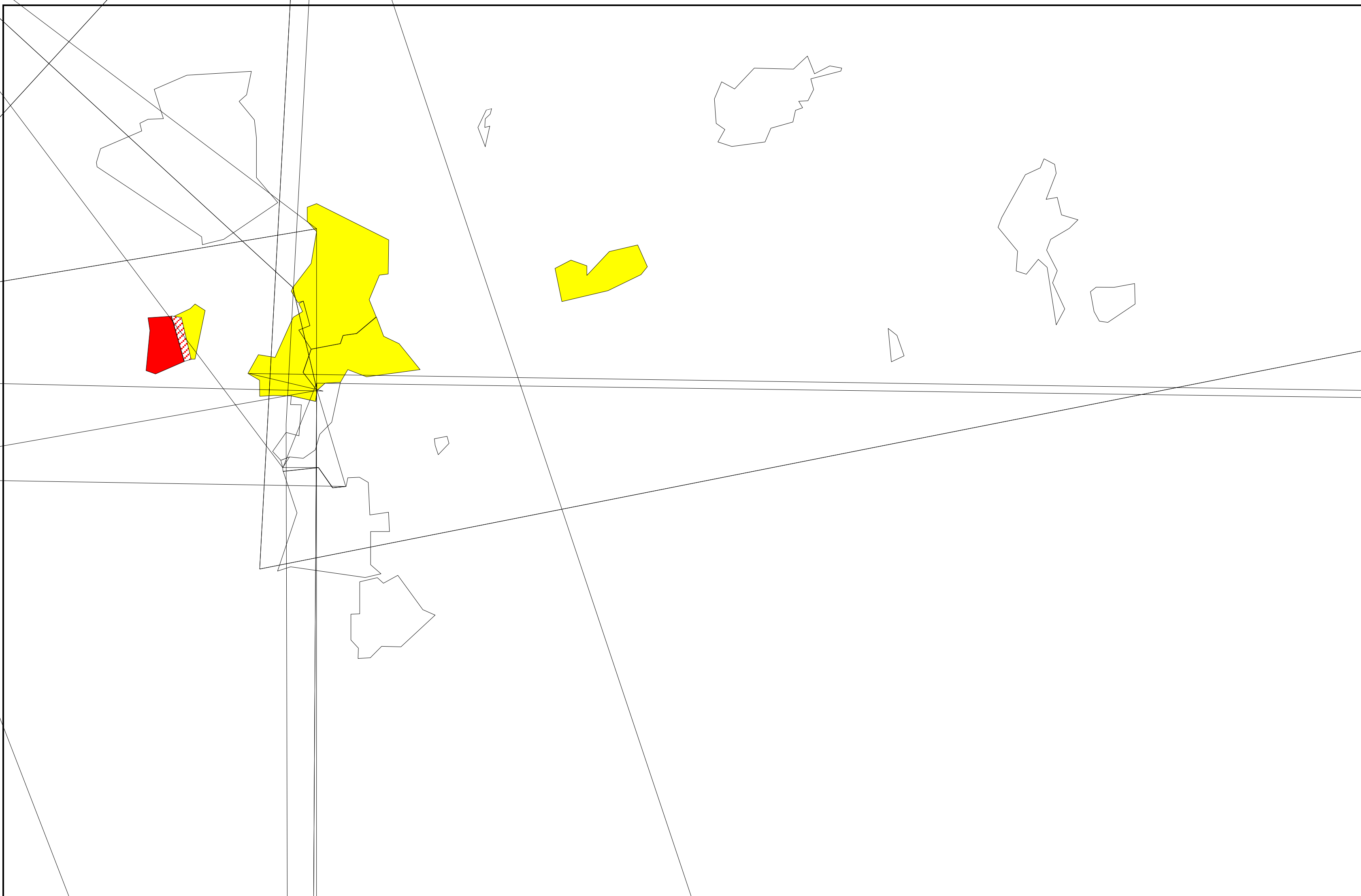


Figure 10

MORE JAPANESE SUPPORT FOR NIGERIA, SUDAN, AND GHANA

On March 16, the Ghana Health Service (GHS) took receipt of 20 motorcycles and three vehicles from the Japan International Cooperation Agency (JICA). The motorcycles and vehicles were presented by Miyuki Tan, Project Coordinator on behalf of Hiroshi Murakami, Resident Representative of JICA. Ten of the motorcycles were forwarded by GHS to the Environmental Protection Unit of Ghana's Ministry of Local Government, Rural Development and Environment, as well as the Ghana National Disaster Management Organization (NADMO) to help enforce bylaws to prevent water point entry by Guinea worm patients in Ghana's most endemic districts. Dr. Andrew Seidu Korkor, National Coordinator of the Ghana Guinea Worm Eradication Program, presented the motorcycles to the Northern Regional Minister, Alhaji Mustapha Ali Idris1 Tf0.0007 Tc 0.0389 Twfc 0.0389 Twfc 0.0389 Twfc,.vo91 6m(G4.9547

DEFINITION OF CASE CONTAINMENT

A case of Guinea worm disease is contained if all of the following conditions are met:
1. The patient is detected before or within 24 hours of worm emergence; and
2. The patient has not entered any water source since the worm emerged; and
3. The village volunteer has properly managed the case, by cleaning and bandaging until the worm is fully removed, and by giving health education 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 verification that it is a case of Guinea worm disease, is validated by a supervisor within 7 days of the emergence of the worm.

RECENT PUBLICATIONS

Anonymous, 2007. Carter: "Fight against Guinea worm disease needs more effort". New African April: 50-51.

Abah B, 2007. The war against worms. Tell, March 5: 47-51.

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 the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, NCZVED, Centers for Disease Control and Prevention, F-22, 4770 9170.942 112.0204 Tm(Cor)Tj ETBT/TT2 1 Tf0.0008 922.4001 Tm(7