



DEPARTMENT OF HEALTH & HUMAN SERVICES

Date: June 25, 2007



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

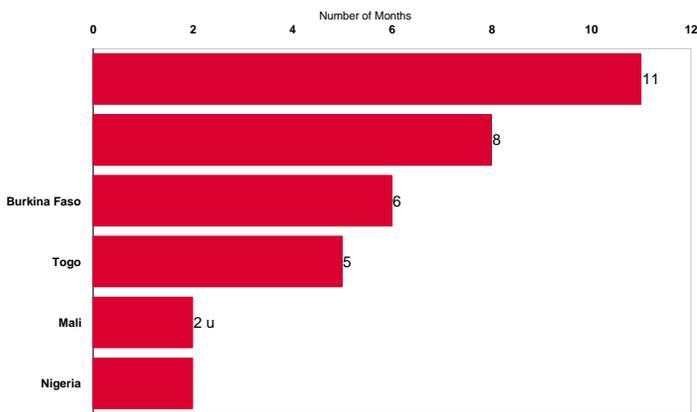
Subject: GUINEA WORM WRAP-UP #173

To: Addressees

SHUTTING DOWN THE WORM

Figure 1

Number of Consecutive Months with Zero Indigenous Cases of Guinea Worm Disease:
May 2007



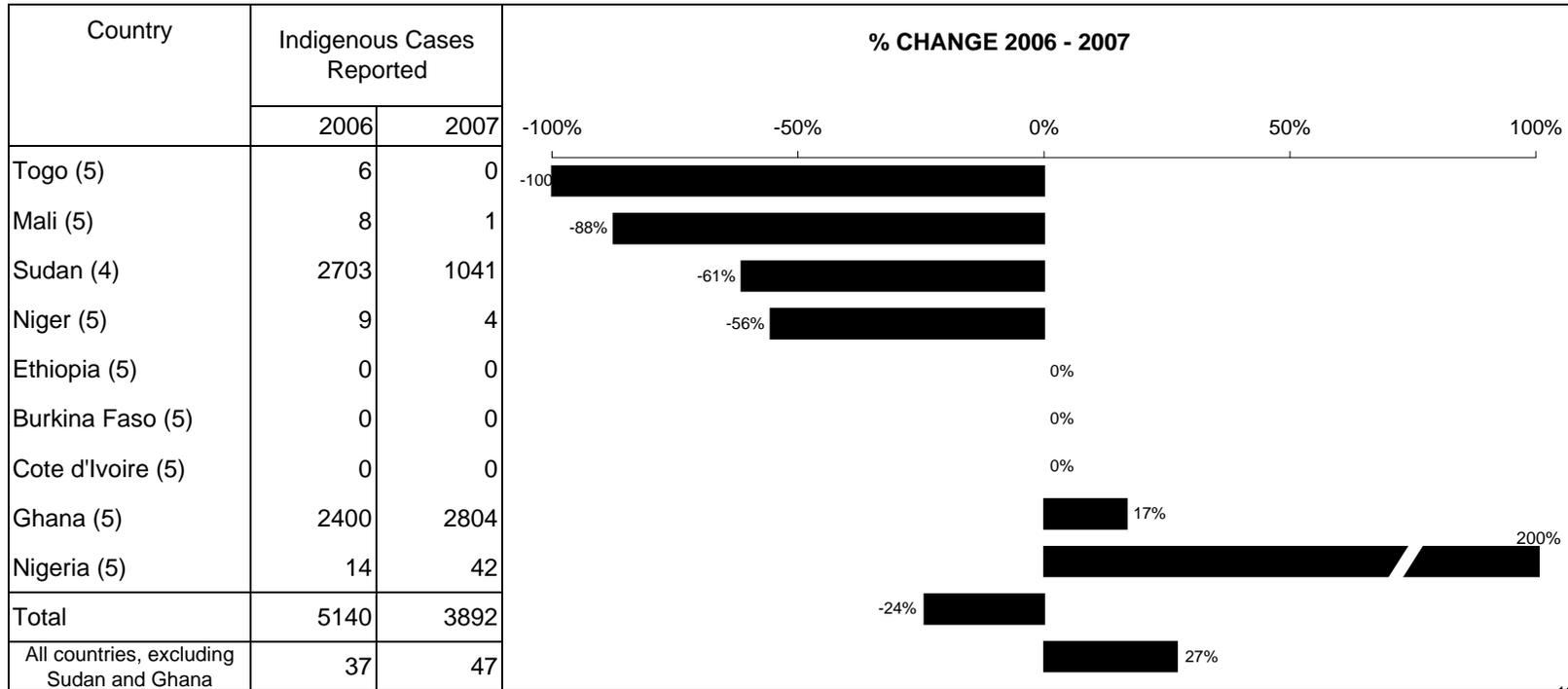
Only one indigenous case was reported outside of Sudan and Ghana in the two-month period of April-May 2007 (Table 1), compared to 15

number of Dracunculiasis cases detected by -78%, from 23 to 5, compared to January-May 2006 (Figures 2 and 3). As of the end of May, four endemic countries have reported five or more consecutive months with zero known indigenous cases (Figure 1). The ten reported exported /imported cases of dracunculiasis so far during 2007 is

shown in Table 3, and the line listing of all cases outside Ghana and Sudan is shown in Table 4. As the global campaign aims to end all transmission of Dracunculiasis by the end of 2009, the important role

Figure 3

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



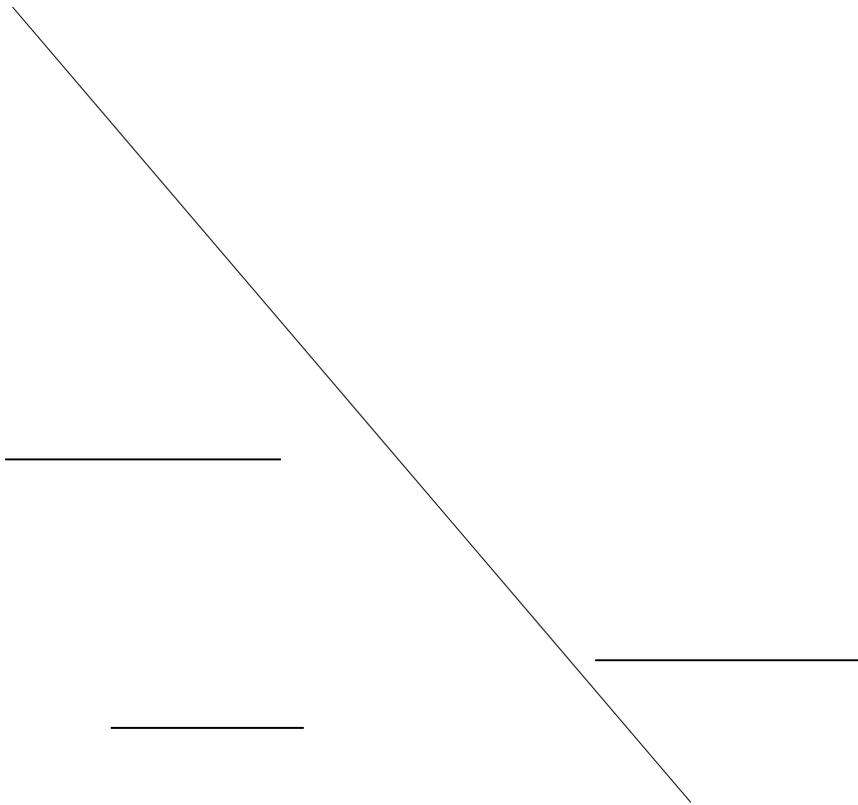
Overall % change outside of Sudan = 17%

(4) Indicates months for which reports were received, i.e., Jan. - Apr.

* Provisional

GHANA REPORTS FEWER CASES IN APRIL, MAY; PARLIAMENTARY COMMITTEE VISITS PROGRAM IN NORTHERN REGION; MAJOR EUROPEAN-UNICEF WATER PROJECT ANNOUNCED

For the second consecutive month, Ghana's Guinea Worm Eradication Program reported a reduction in cases in May 2007 (270 cases, which is a reduction



December 2011. The project aims to provide 270 new borehole wells, 80 rehabilitated wells, 20 dug wells, 60 limited mechanized systems, and 30 alternative water supply systems. The project also aims to support construction of 48,000 latrines and improve hygiene behavior, with a focus on hand washing. *We hope that this project's significant potential impact on Guinea worm disease in Ghana will be realized by the end of 2009, by giving stringent attention and urgent priority to the highest Guinea worm-endemic villages and towns. If that is to occur, this project will need to focus, quickly and ruthlessly, on currently endemic villages with the highest burden of Guinea worm disease. The top 20 endemic communities of 2006, which together reported half of Ghana's 4,132 cases in 2006, would be the ideal place to start.*

SUDAN: INAGURAL TASK FORCE MEETING IN JUBA

The South Sudan Guinea Worm Eradication Task Force held its inaugural meeting in Juba on May 24, under the chairmanship of Dr. John Rumunu, director-general for preventive medicine in the South Sudan Ministry of Health. Attended by more than 20 persons, including representatives of the SSGWEP, SPLA Medical Corps, Rural Water agency, Carter Center, Japan International Cooperation Agency, UNICEF, UNHCR, and WHO, the announced purpose of the Task Force is "to maintain momentum towards eradication by 2009". The coordinator of the SSGWEP, Mr. Samuel Makoy, read a message from the Ambassador of Japan to the participants. Dr. Rumunu noted that although the program heretofore has been entirely dependent on donor funds, the South Sudan Ministry of Health will begin providing funds in its budget for 2007, as well as medical supplies. Participants established several sub-groups to monito

Figure 6

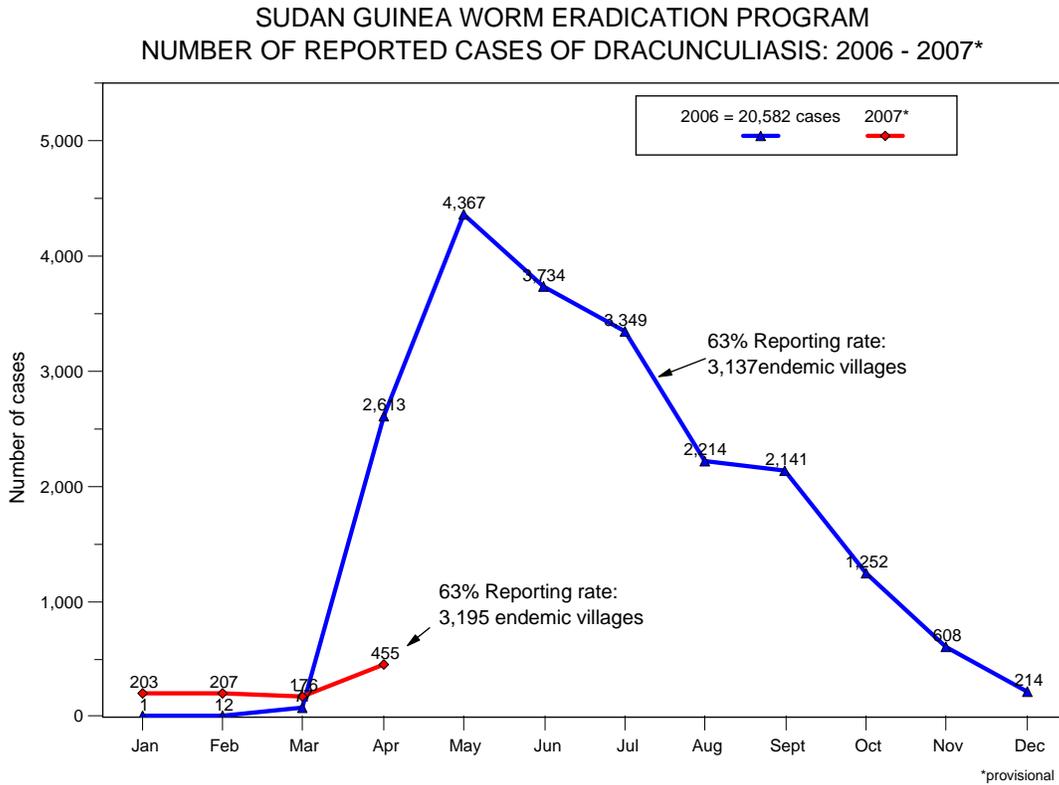


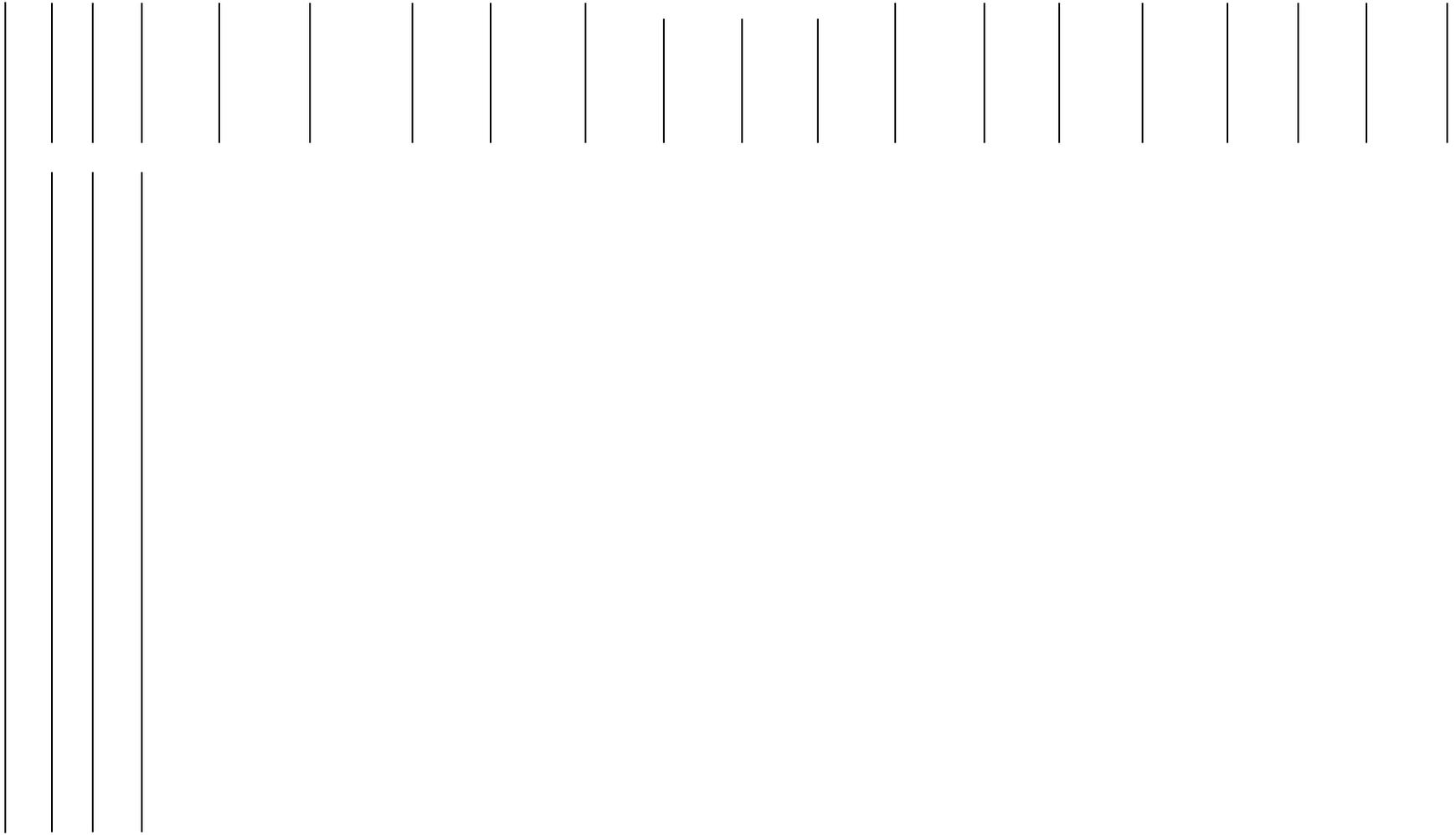
Table 2

SOUTH SUDAN GUINEA WORM ERADICATION PROGRAM
CASES REPORTED IN EASTERN EQUATORIA STATE: JAN - APR 2006 AND JAN - APR 2007*

State	County	Jan-Apr		% EV reporting	% change in cases
		06	07		
Eastern Equatoria	Kapoeta North	2116	274	80%	-87%
	Kapoeta East	327	128	72%	-61%
	Kapoeta South	41	35	88%	-15%
	Torit	0	7	59%	-
	Lafon	0	2	75%	-
	Budi	0	10	75%	-
TOTAL		2484	456	78%	-82%

* provisional

IN BRIEF: 2.658 (75%) ET BT TT 10 TT III 65 0 0 1568 0.7 0.9 0 0.9 2 15 ACID 4 BDC BT TT III 15 0 025 76 2 078 (ma)



RECENT PUBLICATIONS

Al-Awadi AR, Karam MV, Molyneux DH, Breman, JG, 2007. T