

LESS THAN 5,000 CASES OF GUINEA

5,788 to 3,591 (provisional), a 38% reduction., while the rate of monthly reporting rose from 70% to 87% (Figure: 1). Monthly health education increased from 18% to 96%, villages with coverage of all households with cloth filters rose from 39% to 72%, pipe filter coverage from 38% to 48%, and ABATE® Larvicide coverage from 11% to 34%. Coverage of endemic villages with at least one source of safe drinking water was 16% in 2007 and 14% in 2008. The program has received pledges from the Ministry of Irrigation and Water Resources, UNICEF, and two NGOs (PACT and the Swedish Free Mission) of 230 new borehole wells in endemic villages and 110 rehabilitated wells, to be completed by April 2009. The rate of case containment, however, remains at 49% in 2007 and 2008. A recently received provisional January-November report indicates 3,615 cases reported (Table 1), a 38% reduction in cases (Figure 3).

The SSGWEP's targets for 2009 are to raise active case containment indices to 100%, except safe water supply, where the target is to ensure at least one source of safe drinking water by April 2009 in all 163 villages that reported 5+ cases during 2008. This includes detection of every case within 24 hours and effective containment of transmission from each patient with Guinea worm disease. The greatest remaining challenge for the SSGWEP is to raise case containment rates drastically in 2009. The greatest other need is for minimal insecurity in endemic areas.

It was agreed that the assistance provided to the program by The Carter Center will be focused during 2009-2010 on the top 10 currently endemic counties and smaller pockets of transmission in 20 other counties outside the top 10 as of the end of 2008, including areas with formerly endemic villages (reporting indigenous cases in 2006 and/or 2007 and/or 2008): risk level 1 and risk level 2 on the map in Figure 2. These Carter Center-assisted focus areas include 30 of South Sudan's 77 counties and 9,184 villages under active surveillance (of which 939 villages reported indigenous cases and 289 villages reported cases imported from elsewhere during January-October 2008). The Government of South Sudan, Ministry of Health, WHO and the SSGWEP.

Figure 1

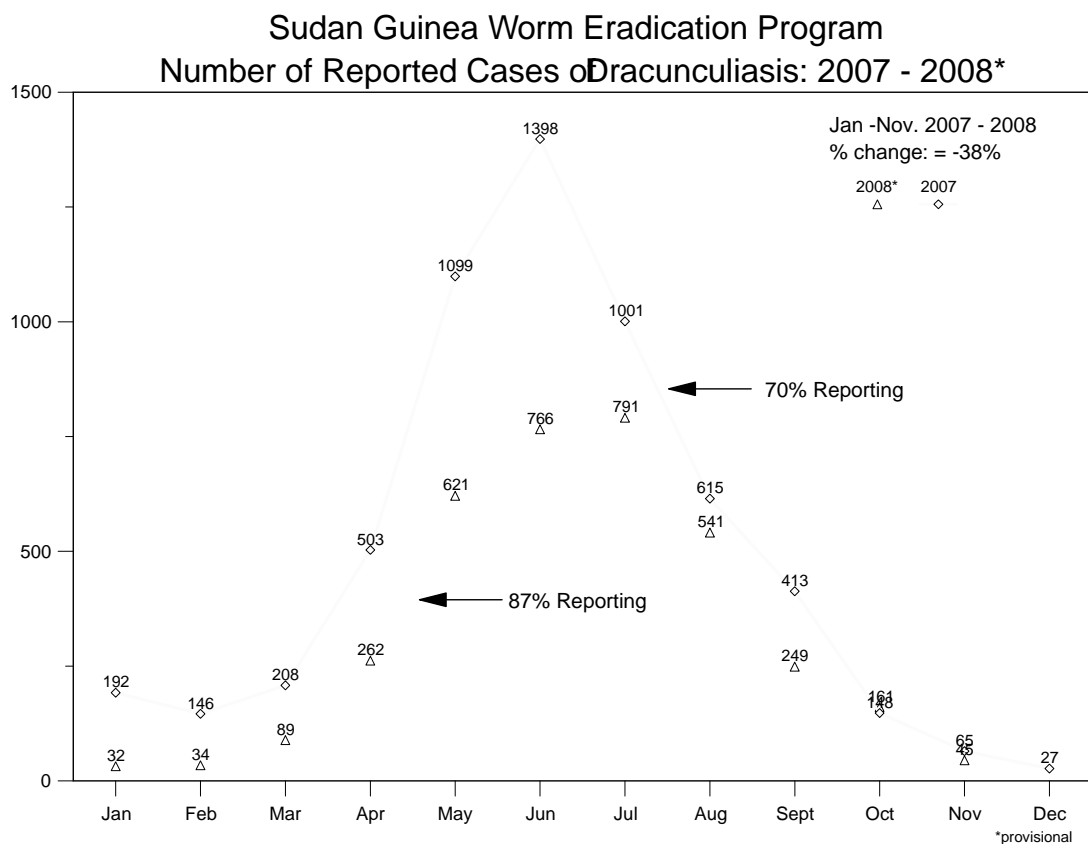


Table 1

Number of Cases Contained and Number Reported by Month during 2008*
(Countries arranged in descending order of cases in 2007)

COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SUDAN	8 / 32	13 / 34	39 / 89	116 / 262	259 / 621	395 / 766	403 / 791	319 / 541	128 / 250	94 / 159	16 / 70	/	1790 / 3615	50
GHANA	66 / 73	63 / 80	37 / 48	60 / 68	69 / 74	57 / 73	27 / 30	12 / 13	4 / 5	8 / 8	11 / 14	9 / 15	423 / 501	84
MALI	1 / 1	0 / 0	0 / 0	1 / 1	16 / 16	59 / 60	112 / 120	51 / 60	48 / 72	44 / 56	21 / 27	3 / 3	356 / 416	86
NIGERIA	28 / 28	8 / 8	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	38 / 38	100
NIGER	0 / 0	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	0 / 1	0 / 0	0 / 0	2 / 3	67
ETHIOPIA**	0 / 0	0 / 0	5 / 8	22 / 25	1 / 1	3 / 3	0 / 1	0 / 1	0 / 1	1 / 1	0 / 0	0 / 0	32 / 41	78
BURKINA FASO	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	100
TOTAL*	103 / 134	85 / 123	82 / 146	200 / 357	345 / 712	514 / 902	542 / 942	382 / 615	181 / 329	147 / 225	49 / 112	12 / 18	2642 / 4615	57
% CONTAINED	77	69	56	56	48	57	58	62	55	65	44	67	57	
% CONT. OUTSIDE SUDAN	93	81	75	88	95	88	92	85	67	80	79	67	85	

* provisional

** Although the source of the infection of 38/41 cases reported by Ethiopia has not been established beyond all doubt so far, available evidence suggests local transmission of GWD leading to these cases was likely during 2007. Moreover, one undisputed indigenous case was reported in October 2008 in the same area of Gambella Region. Two other cases were imported from Southern Sudan.

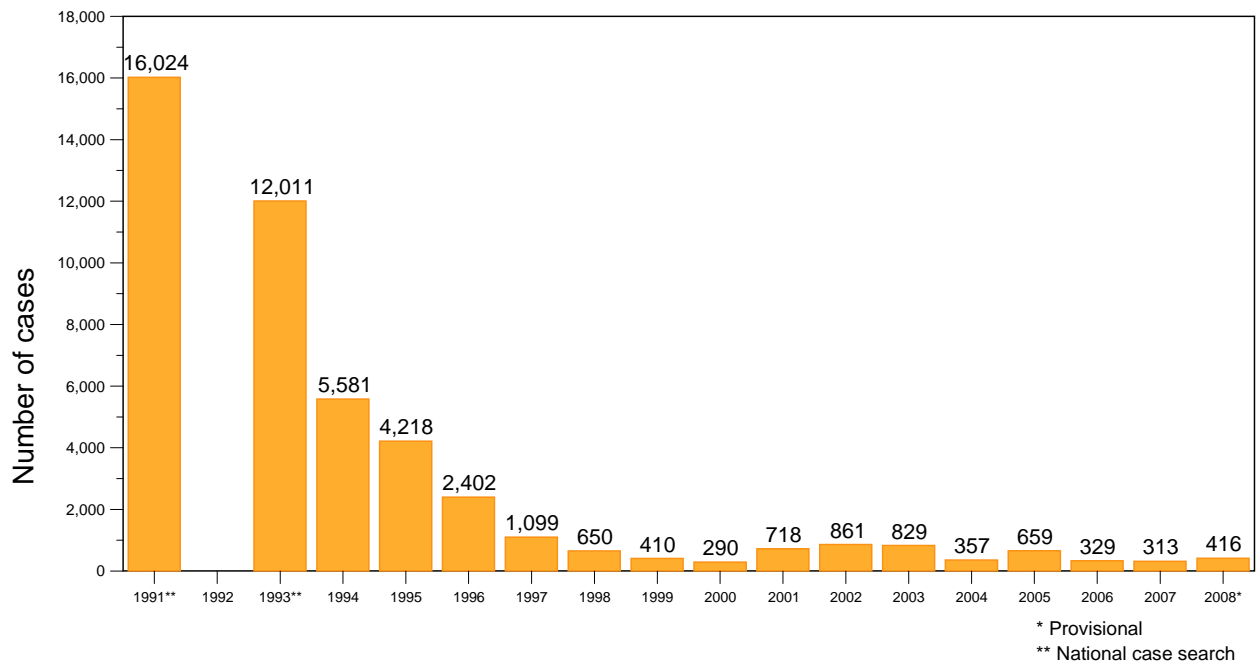
Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

Figure 3

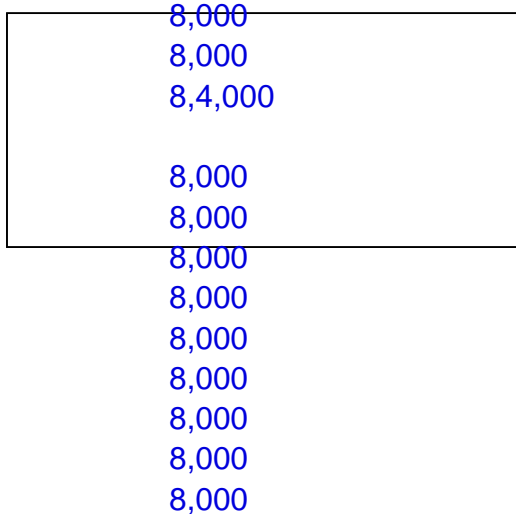
Country	2007	2008*
Ghana (12)	3358	501
Niger (12)	11	2
Nigeria (12)	73	38
Sudan (11)	5788	3615
Mali (12)	313	416

Figure 4

Mali Guinea Worm Eradication Program Number of Cases of Dracunculiasis Reported: 1991 - 2008*



Reported Cases of Dracunculiasis by District: 2001 - 2008*



NIGERIA: 100% OF CASES CONTAINED, -48% FEWER CASES IN 2008

After 7 consecutive months with no cases of dracunculiasis (April-October 2008), Nigeria detected and contained a case of the disease in November that occurred in Ezza Nkwubor, which is the same village of Enugu State where all 38 cases reported in Nigeria in 2008 originated. The new patient is a 58 year-old woman who reported that she did not travel outside the village in the past two years. There were no GW cases in her household last year, but there were cases in her compound. This patient was under observation by GWEP before her worm emerged during a controlled immersion. She was taken to the Containment Center immediately. Most of the cases reported in Nigeria in 2007 after a surprise outbreak were infected in Ezza Nkwubor, which is likely Nigeria's last focus of dracunculiasis. Nigeria reported one uncontained case each in October and November 2007 and two contained cases in December 2007. Nigeria has reported no uncontained case of dracunculiasis since December 21, 2007. It appears to have detected, contained and contained every case in 2008.

ETHIOPIA: 78% OF CASES CONTAINED, 100% INCREASE IN CASES IN 2008

After more than 20 months with no known endemic cases, the Ethiopian Dracunculiasis Eradication Program (EDEP) has reported 41 cases in ten communities in 2008, of which at least 1 case, a 60 year-old man who was reported in October 2008, has no history of travel to Sudan. Most cases occurred in or were associated with Awukoy village in Gambella Region. Although the sources of infection of most of the cases reported in Ethiopia in 2008 are still uncertain, it seems clear that endemic transmission was still occurring in Ethiopia during 2008. Because of great concerns about the status of the EDEP and dracunculiasis in Ethiopia, representatives of WHO (Dr. Gautam Biswas and Dr. Alhousseini Maiga), The Carter Center (Dr. Ernesto Ruiz-Tiben, Mr. Phillip Downs, Mr. Darin Evans, Mr. Craig Withers, and Mr. Teshome Gebre) and the Centers for Disease Control and Prevention (CDC) (Dr. Erin Kennedy) conducted a joint mission to Ethiopia in collaboration with the EDEP and regional health officials of Gambella Region during December 3-7, 2008. Team members made field visits to several areas in Gambella Region, held a working session with their partners and the Ethiopian ministry of health, and held a de-briefing session with the Minister of Health, Dr. Tedros Adhanom Ghebreyesus. The evaluation team observed several weaknesses in surveillance and supervision that it advised should be corrected immediately. Ethiopia needs to detect and contain every case of GWD that occurs in Gambella Region in 2009, and work cooperatively with the Southern Sudan GWEP to ascertain the sources of cases detected in Gambella and South Omo Regions.

NIGER: 67% OF CASES CONTAINED, -82% REDUCTION IN CASES IN 2008

After 9 months with no indigenous cases reported (December 2007-August 2008), Niger reported an indigenous case, which was contained in September 2008, and another indigenous case, which was not contained, in October 2008. As reported in the previous issue of Guinea Worm Wrap-Up, the patient in September apparently infected herself in her own compound when her worm emerged in 2007. Niger should remain on high alert for any additional cases during the 2009 peak transmission season (June-October) and particularly in Tifrat and Tintihoune villages in Tillaberi District (where the last two cases of GW were detected) during September-October, respectively, and from any cases that may be imported from Mali.

INTERNATIONAL CERTIFICATION TEAM VISITS CHAD

During December 1-19 an International Certification Team (ICT) assessed Chad's claim of having stopped transmission of GWD. The IC

CONVERSATIONS AT THE CARTER CENTER

On January 15, 2009 from 7:00-8:30 PM, "Conversations at The Carter Center" will feature "Zeroing in on Guinea Worm" with Dr. Donald Hopkins and Dr. Ernesto Ruiz-Tiben and will address the final stages of Guinea worm disease eradication. This event will be webcast live and archived on the Carter Center's Web.

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.

*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 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.