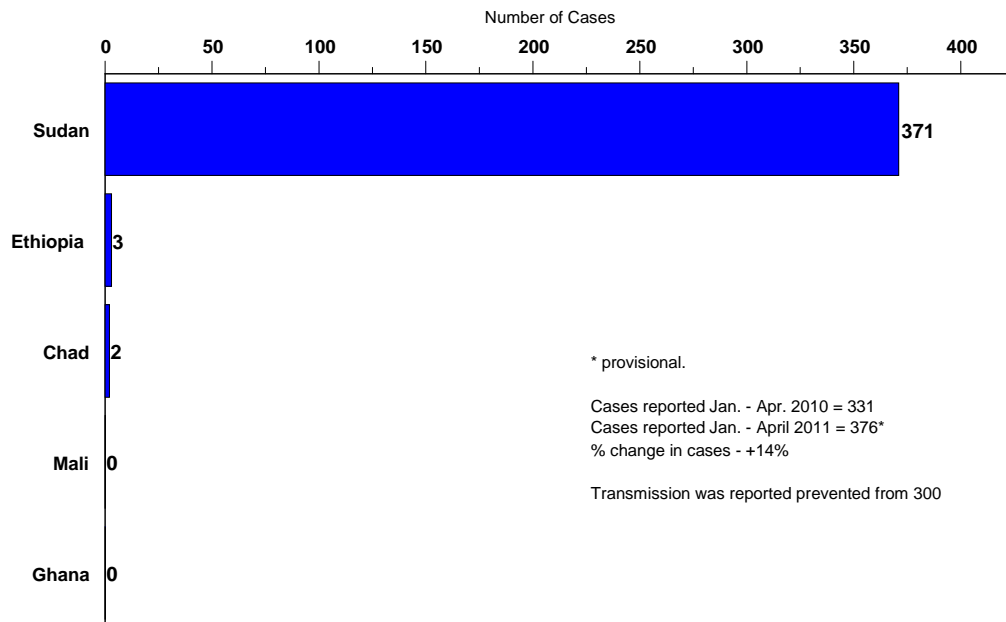


**Distribution By Country of 376 Reported Cases of Dracunculiasis: January - April 2011\***



\* provisional.

Cases reported Jan. - Apr. 2010 = 331  
Cases reported Jan. - April 2011 = 376\*  
% change in cases - +14%

Transmission was reported prevented from 300



Agenda item 13.11

**Eradication of dracunculiasis**

The Sixty-fourth World Health Assembly,

Having considered the report on dracunculiasis;<sup>1</sup>

Reaffirming resolutions WHA30.21 and WHA42.20 on elimination of dracunculiasis and

<sup>1</sup> Resolutions that health ministers of countries that were endemic for dracunculiasis in 2004 signed.

Almost 100 persons attended the Informal Meeting on Guinea Worm Eradication that was held at the Palais des Nations in Geneva on May 18 from 6 to 8 pm in the WHA, including the ministers of health of Chad, Ghana, Mali, Mauritania, Niger and the Government of Southern Sudan, as well as ministerial representatives of Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Nigeria, Togo, Uganda and Yemen. Ethiopia did not attend. The meeting was chaired by the WHO's Regional Director for the Eastern Mediterranean Region, Dr. Hussein Abdul R. Gezaoui. Other senior representatives included the WHO Assistant Director-General, Dr. Hiro Nakatani, the Director, disease and prevention control for the WHO African Region, Dr. Jean-Baptiste Rongoth, the chairman of the International Commission for the Certification of Dracunculiasis Eradication, Dr. A.R. Al-Awad, Dr. Pascal Villeneuve of UNICEF; and Mrs Nicole Kruse and Dr. Ernesto Ruiz-Tiben of The Carter Center. Also present were the representatives of Austria, France, United Kingdom, Thailand, CDC, Saudi Fund for Development, DFID and Vestergaard Frandsen. Dr. Donald Hopkins of The Carter Center and Dr. Gautam Biswas of WHO gave updates on progress towards eradication, and current status of certification and pre-certification, respectively. It was noted that the recent outbreaks in Chad as well as persisting cases in Ethiopia and Mali all resulted from failures in surveillance in supposedly Guinea worm-free areas.

The "Geneva Declaration" and Resolution WHA57.9: Eradication of Dracunculiasis, of 2004 both called for completing dracunculiasis eradication by 2009, aiming zero cases in 2010. Informally, the target for the last case is now 2012. Where are we?

Tab1.1aTd [(fo06 Tc 09 BT /9 BT6 Tc Tc -36.0|1c 0)atiopia aRR100Tab1.1aTd awtasis era

Figure 2

Chad Guinea Worm Eradication Program  
Reported Cases of Dracunculiasis by Date of Guinea Worm Emergence

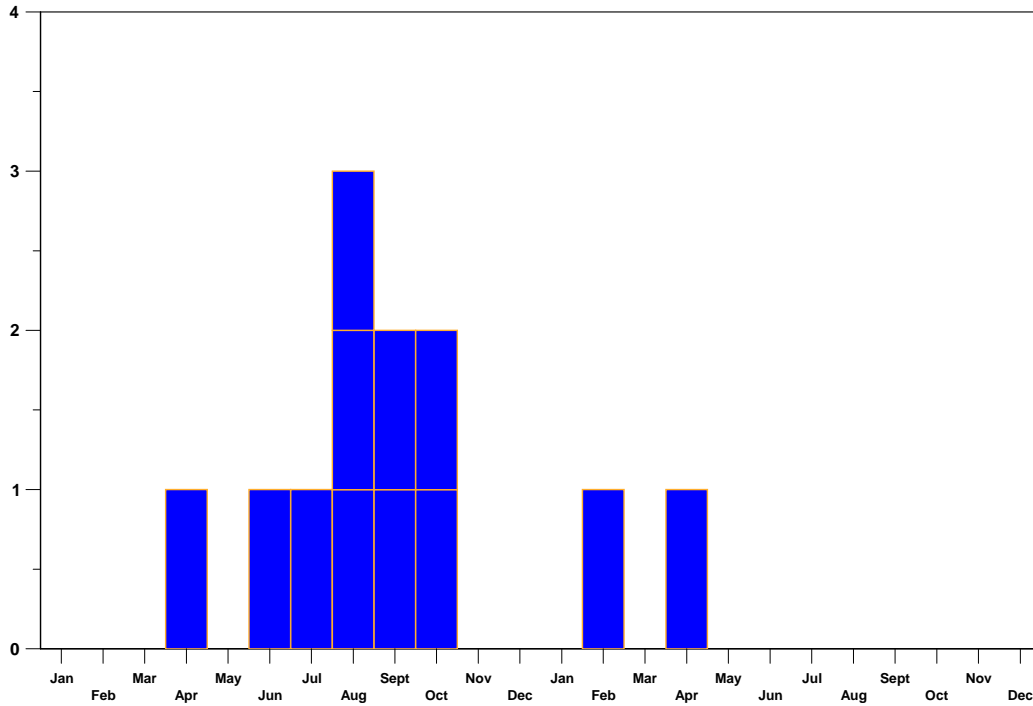
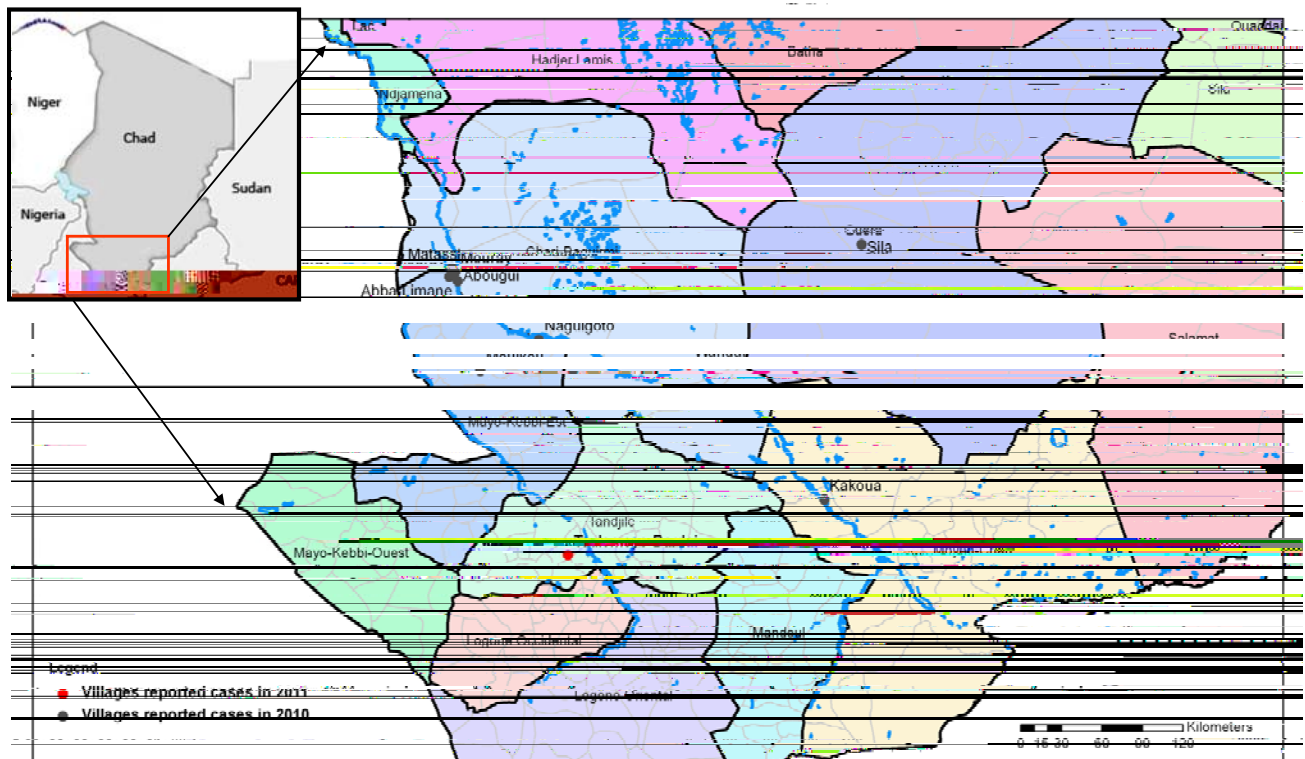


Figure 3

Distribution of Dracunculiasis Cases in 2010 and 2011\*



This map is for WHO's internal use only. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines are shown to represent approximate border lines for which there may not yet be full agreement.

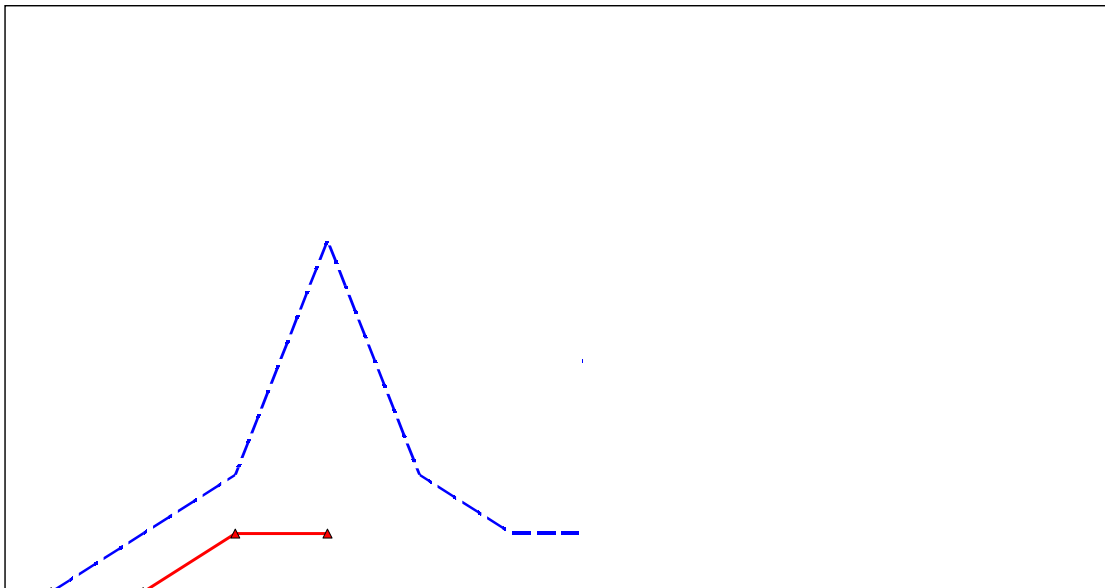
Data source: MOH and World Health Organization  
Map production: Guinean Worm Eradication Program

## ETHIOPIA: SECOND INDIGENOUS CASE REPORTED IN 2011

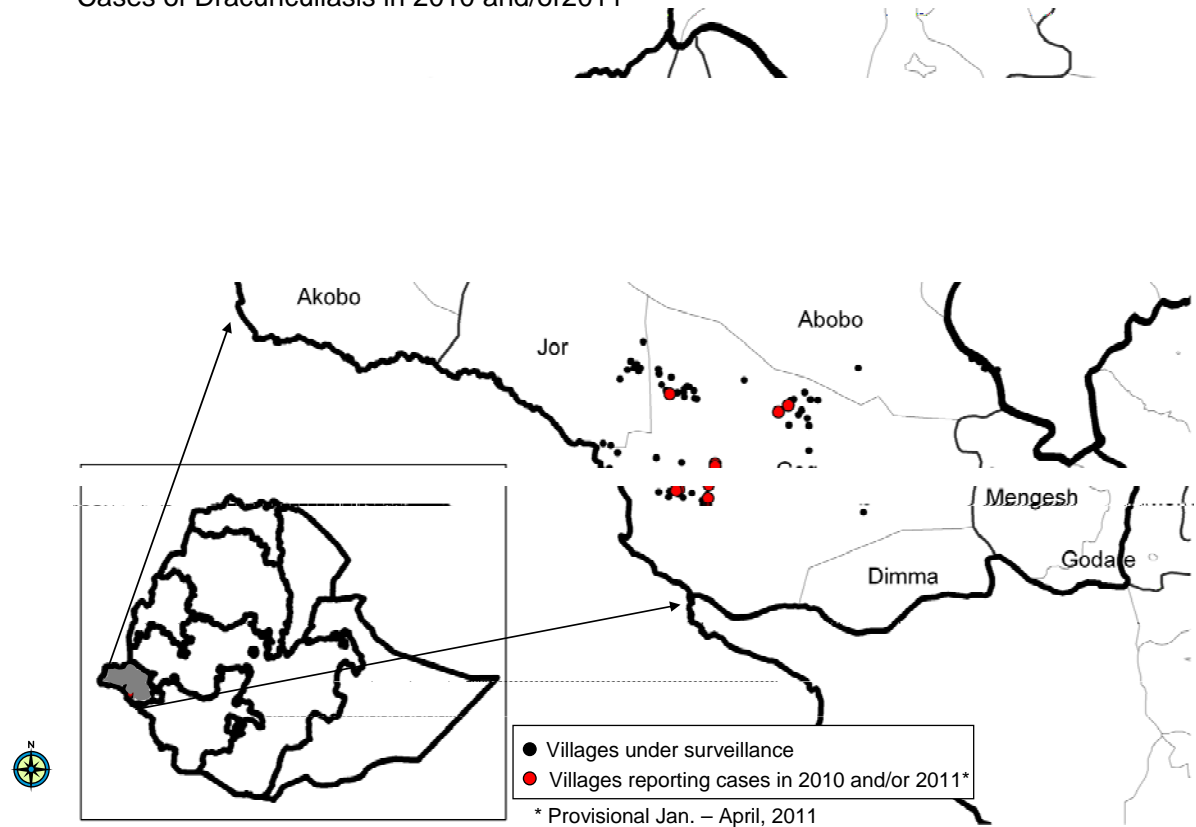
Ethiopia has reported its second indigenous case of dracunculiasis in 2011 (Figure 4). The patient is a 35 year-old woman whose worm began emerging on April 18, one day after she was admitted to a Case Containment Center as a suspect case. This patient lives in the village of Utuyu, Gambella Region, but travels regularly between Utuyu and Abawiri villages and the Pugnido Refugee Center. Ethiopia has reported a total of two indigenous and one imported case in January-April 2011, of which only the two indigenous cases were reportedly contained. The older brother of Ethiopia's first indigenous case in 2011 (see Guinea Worm Wrap-Up #204) has been located and does not have Guinea worm disease. Gog Woreda, where all indigenous cases have occurred in 2010 and so far in 2011 (Figure 5), oversees 160 trained village-based volunteers, 71 chief's and 22 Health Extension Workers to maintain routine household surveillance in all 63 inhabited villages of the district. However, during a visit by Carter Center representative, Dr. Teshome Gebre, to Gambella Region on April 27-29, the head of public health emergency of Gambella's Regional Health Bureau "expressed his concern that no significant progress has been observed in strengthening the surveillance system" in other parts of the region outside of Gog District.

Dr. Teshome Gebre, The Carter Center Country Representative in Ethiopia since 1994 will be leaving his post on June 2, 2011 to join the International Trachoma Initiative. Dr. Zerihun Tedasse will replace Dr. Gebre as Country Representative. We wish Dr. Gebre success in his new endeavors and welcome Dr. Tedasse to his new post.

Figure 4



**Figure 5** Ethiopia Dracunculiasis Eradication Program  
 Villages under Active Surveillance and Villages Reporting  
 Cases of Dracunculiasis in 2010 and/or 2011\*



**S. SUDAN: 14% INCREASE IN CASES, BETTER CASE CONTAINMENT**

Southern Sudan's Guinea Worm Eradication Program (SSGWEP) has reported a total of 371 cases in January-April 2011, which is an increase of 18% over the 314 cases reported during the same period of 2010 (Table I). Fully 338 (91%) of the 371 cases were reported from Eastern Equatoria State, which is also the source of 16 cases exported into Jonglei State. As reported in the previous issue, this year's problem in Eastern Equatoria is the result of poor supervision that allowed inadequate coverage of endemic areas and late detection of cases during the first quarter of 2010. However, the SSGWEP has contained 80% of all cases so far this year, compared to 74% of cases in 2010. A larger share (80%) of this year's cases was admitted at a Case Containment Center (CCC) and 67% were contained in one of the his yea Case22 338 r98 724U63

Table 2

Kapoeta East	3 / 4	29 / 39	78 / 96	99 / 111	/	/	/	/	/	/	/	/	209 / 250	84%
Kapoeta North	0 / 0	12 / 14	19 / 27	30 / 35	/	/	/	/	/	/	/	/	61 / 76	80%
Kapoeta South	0 / 0	0 / 0	0 / 1	6 / 11	/	/	/	/	/	/	/	/	6 / 12	50%
Torit	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
	3 / 4	41 / 53	97 / 124	135 / 157	/	/	/	/	/	/	/	/	276 / 338	82%
Tonj North	1 / 1	0 / 0	1 / 1	2 / 2	/	/	/	/	/	/	/	/	4 / 4	100%
Tonj East	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
Tonj South	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%
Gogrial East	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	0%







Country	2010	2011*
Ghana (4)	7	0
Ethiopia (4)	9	2
Mali (4)	0	0
Sudan (4)	314	371
Chad (4)	0	2
Total	330	375
All countries, excluding Sudan	16	4

\* Provisional. Excludes one case imported into Ethiopia from South Sudan in March.

## **MEETINGS**

The next meeting of the International Commission for the Certification of Dracunculiasis Eradication will be held at WHO headquarters in Geneva on November 29-December 1, 2011. Among the formerly endemic countries, Burkina Faso and Togo are scheduled to be considered for certification.

## **ERRATA**

In *Guinea Worm Wrap-Up #203*, Table 1, we mistakenly reported the percentage of persons in Burkina Faso with knowledge of the cash reward for reporting of a case as “41%”. The national coordinator of Burkina Faso’s Guinea Worm Eradication Program, Mme. DONDASSE Louise, informed us that the correct figure is 43%. We regret the error.

## **RECENT PUBLICATIONS**

World Health Organization, 2011. Dracunculiasis eradication-global surveillance summary, 2010. Wkly Epidemiol Rec 86:189-198.

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*Inclusion of information in the Guinea Worm Wrap-Up*