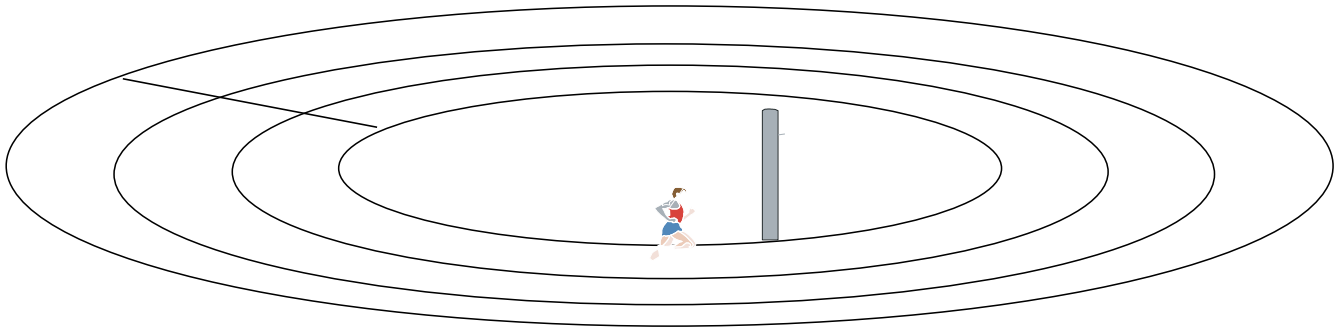


# **GUINEA WORM RACE: 2015\***

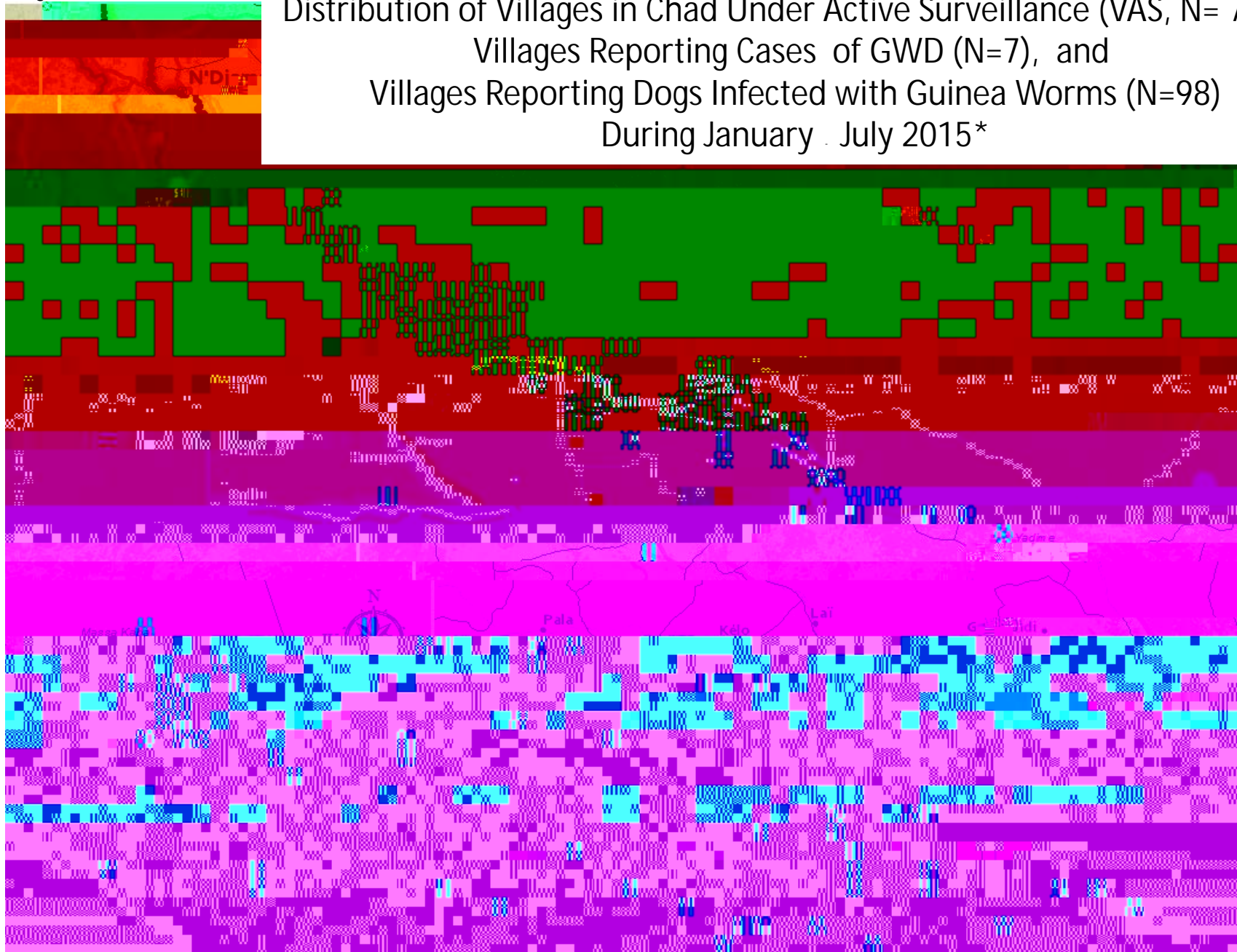
## **WILL CHAD BE THE LAST ENDEMIC COUNTRY?**



\* Jan. – July Provisional

Figure 2

Distribution of Villages in Chad Under Active Surveillance (VAS, N= 755), Villages Reporting Cases of GWD (N=7), and Villages Reporting Dogs Infected with Guinea Worms (N=98) During January - July 2015\*



\* Provisional \*\* Geographic coordinates are missing for 2 VAS and 24 villages reporting dog infections



Figure 3

Figure 4

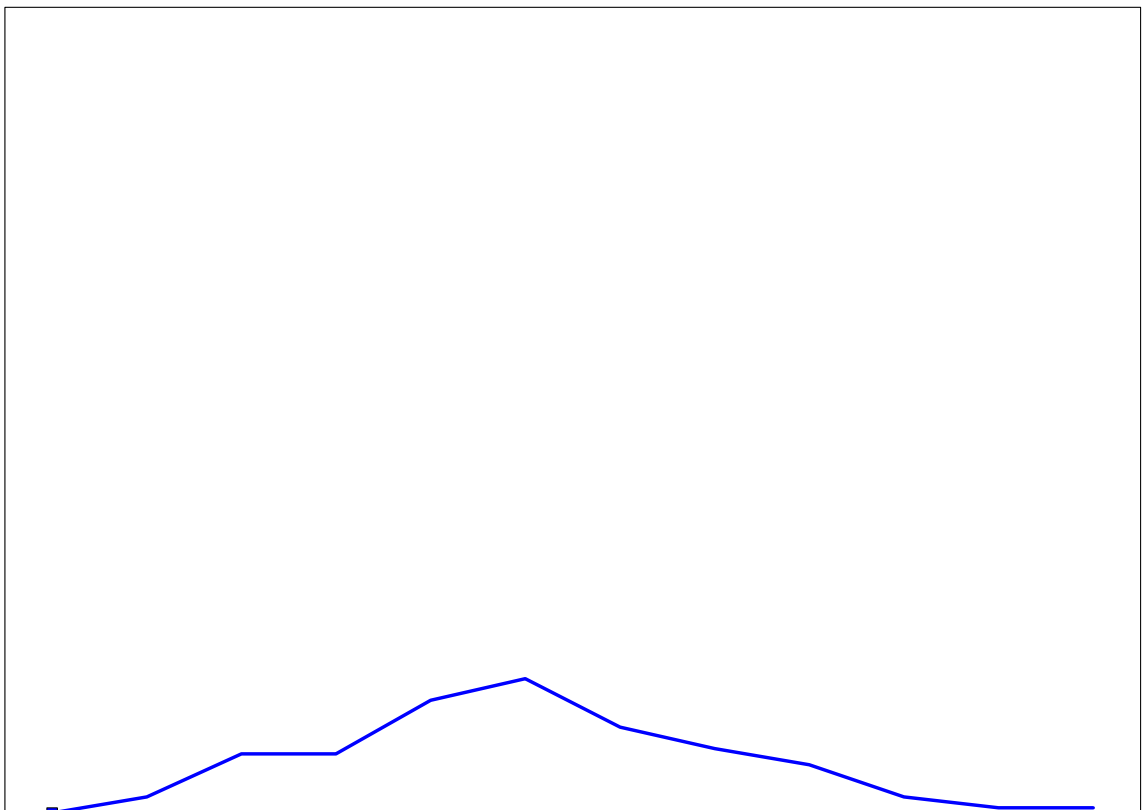


Figure 5

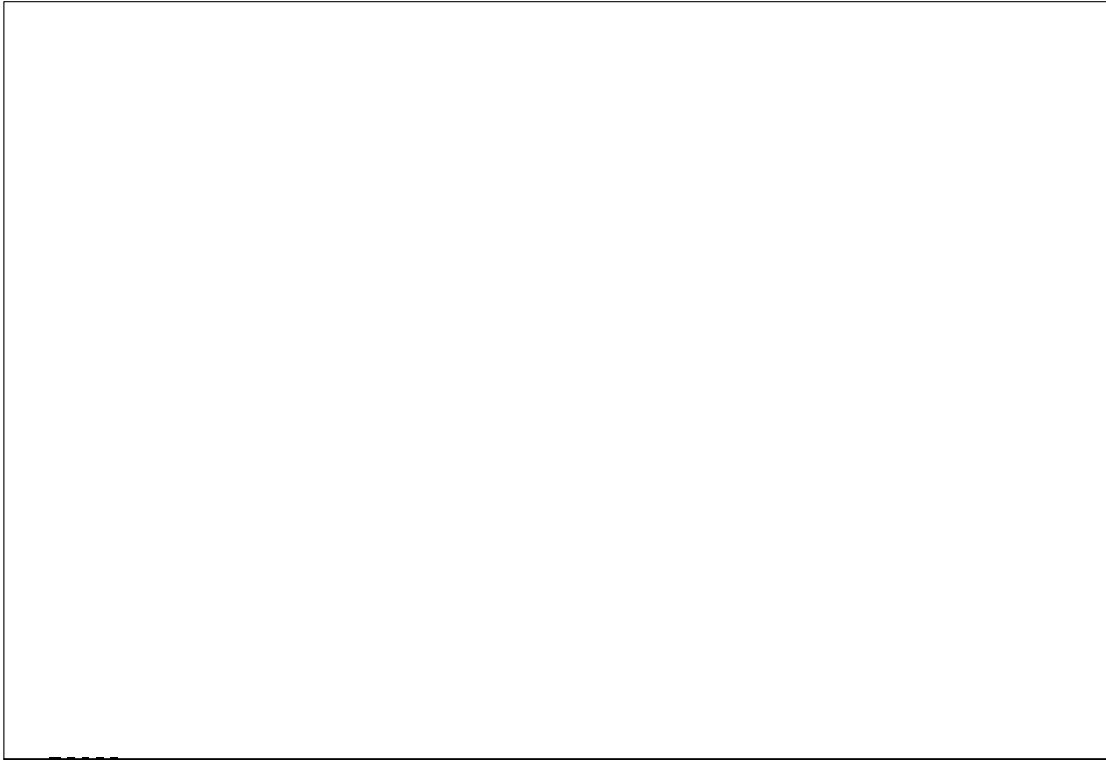


Figure 6

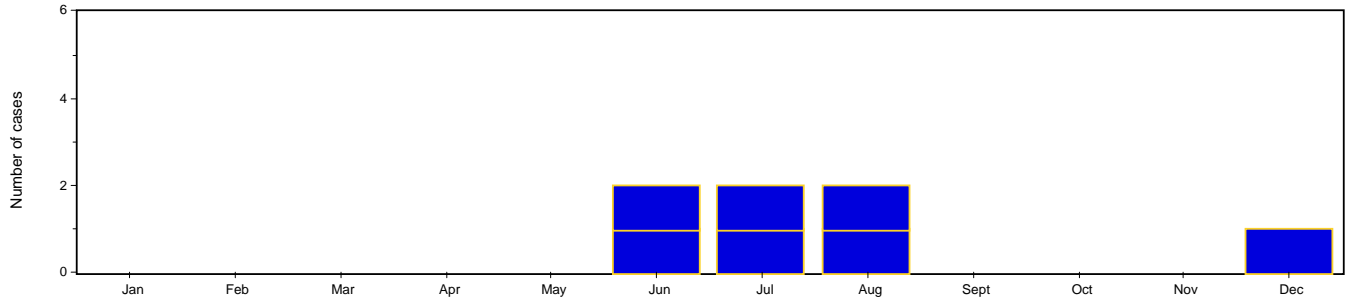
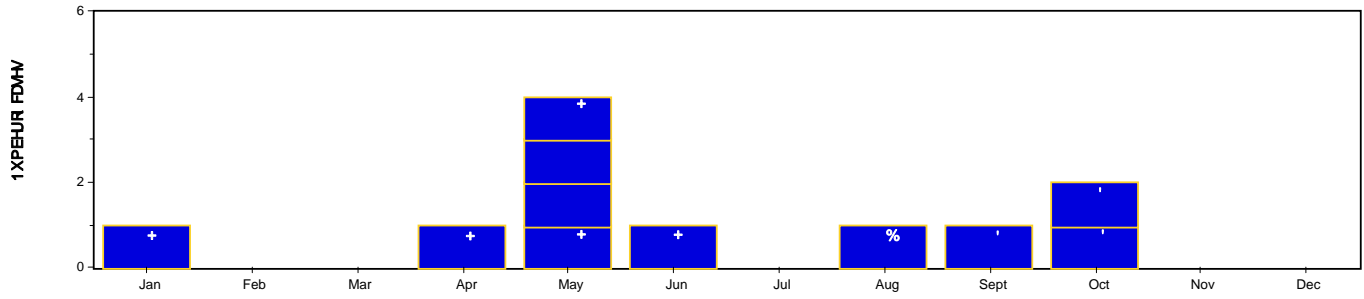


animals, investigating the longevity of third stage larvae in fish, determining what species of copepods are present in the endemic area of Chad, and developing and implementing a protocol for detecting *Dracunculus* DNA in fish and/or copepods. So far there is no evidence of a wild animal reservoir playing a role in transmission of GWD in Chad. Genomic research conducted by CDC and the Sanger Institute in the United Kingdom so far indicates Guinea worms from both human and dog infections in Chad are indistinguishable.

In April 2015, The Carter Center initiated a prospective study in 7 villages to determine whether a high monthly dose (twice per month) of Mectizan© (Heartgard) can protect against GW infection in dogs by preventing incoming 3rd stage infective larvae of *D. medinensis* from reaching maturity. Eight rounds of monthly treatments (92 dogs enrolled) and placebo (83 dogs) have been completed. Dogs receiving Heartgard or placebo monthly are residents in the same villages. A total of 7 (8%) of 92 dogs in the treatment arm of the study have had infections with GWs (acquired in 2014), while 6 (7%) of 83 dogs in the placebo arm of the study of have had GW infections since the study began four months ago. The effect of Heartgard medication on dogs receiving it twice per month during 2015 will not become clearly manifest until April-May 2016.

During July 2015 copepods were collected and fed first stage larvae (L1s) of GWs from infected dogs. Infected During JuD.0008 Tc.18s

(VMRSLD' LDFXCFXDDLV (LDGFDNRQ3URJUDP  
\* XGHD : RUP, QHFRQV





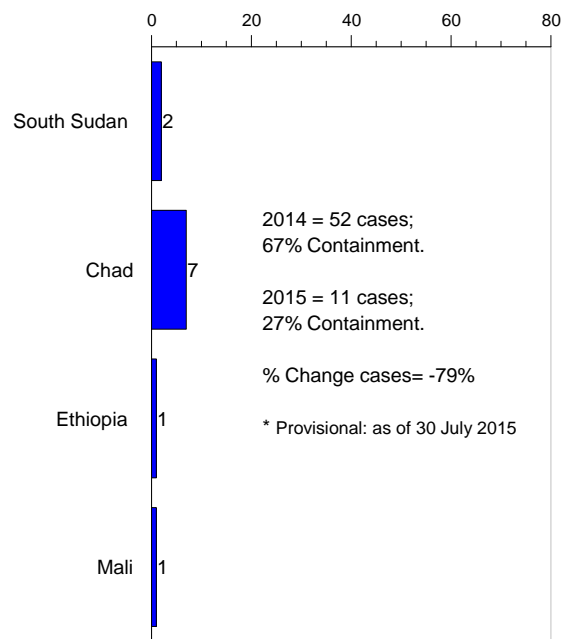
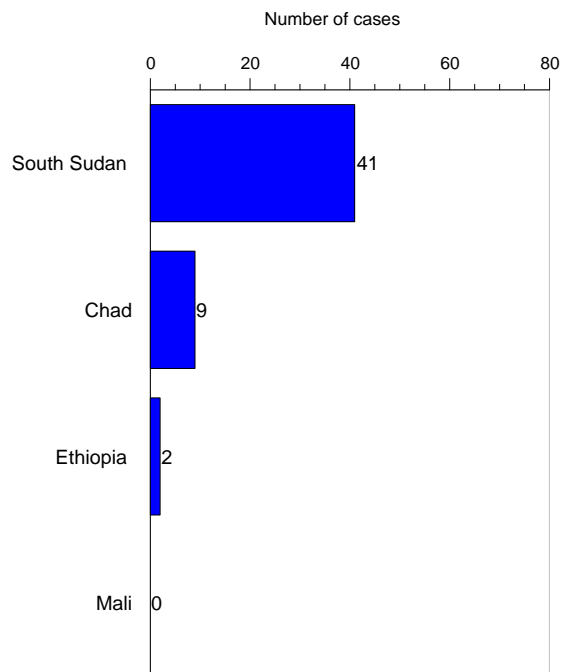




Table 3

SOUTH SUDAN GUINEA WORM ERADICATION PROGRAM  
LINE LISTING OF CASES OF GWD DURING 2015

Case #	Village or Locality of Detection		Payam	County	Age	Sex	Date GW Emerged	Case Contained?		Home Tm	-0314 2(ft)-	[(Co)-45122c5.118-1.32811((Ho)((Co)((Cn T	(2=)Tj/TT3 1725f 2.1527 0 TD 0 Tc c [(Eme)-]-1722 1.9366. 0WmispdIn.06 -5.06 1.3271((H9aTOft)- [51((H9aTO
	Name	1 = EVAS						2 = NEVAS	(Yes, No, or Pending)				
2	LORWO	1	NO	POSSIBLE LOZUDOK OR KASSIN BOR MOUNTAIN VILLAGES			NO	NO		1 Jul	GUINEA WORM	PDB15 155	
													EVERY BODY HAS AND USE FILTERS, COMMUNITY MEETING HELD AND ANOTHER ONE WILL BE HELD ON SATURDAY (25/7/2015).
													7/Aug
													GUINEA WORM
													PDB15 164

NEVS = Non Endemic Villages  
Gardens = Farming areas of villages  
CC = Cattle Camp  
CCC = Case Containment Center

Table 4

11/Jul/15 YES

**PROGRESS DURING JANUARY-JULY 2015 TOWARDS IMPROVING  
SURVEILLANCE CAPACITY AND CASH REWARD AWARENESS IN CHAD,  
ETHIOPIA, MALI, AND SOUTH SUDAN**

Surveillance level I (Districts/Counties with endemic transmission of GWD): staffing is complete, supporting active village-based surveillance and interventions to interrupt transmission in 757 villages in Chad, 173 in Ethiopia, 375 in Mali, and 4,700 in South Sudan.

Surveillance level II (Districts/Counties at risk of importation from surveillance level I communities or from neighboring endemic countries):

- x **Chad:** The GWEP recruited and trained 126 additional field staff, including a Program Officer to strengthen surveillance. A national surveillance system training is scheduled for September during which 23 surveillance officers (focal points), 6 Regional Surveillance Officers, 4 National Polio Surveillance Officers and 2 WHO surveillance hub Coordinators are expected to participate. Polio and UNICEF's Communications for Development community workers are providing redundant surveillance. The GWEP cash reward is \$100, and community radio messages are being broadcast in Kyabe, Sarh, Koumra, Bongor and Bousso, areas considered at risk of importations. A \$20 cash reward for tethering dogs infected with Guinea worms was introduced in February 2015 to help owners prevent infected dogs from contaminating water sources. The GWEP active surveillance is focused on villages where human cases and/or dog infections occur or have occurred and expansion of the number of villages under active surveillance is ongoing in those areas; primarily along the Chari River and tributaries. Ministry of Health staff in these areas that are focused on surveillance are 1 Regional Medical Officer, 3 Regional Surveillance Officers, 1 District Medical Officer, 10 District Surveillance Focal Persons, and 21 Health Center Managers. The national GWEP secretariat established and is promoting the use of a telephone "Hot Line" for reports of rumors about possible cases of GWD from districts and for advice to those districts regarding the investigation of such rumors. GWD is integrated into the national surveillance system so all health staff assist.
  
- x **Ethiopia:** The Ethiopian Dracunculiasis Eradication Program (EDEP) has recruited a Program Officer to assist with surveillance and dissemination of information about GWD and the cash reward, and trained 36 additional staff; including 3 former employees of WHO in surveillance level II Woredas (districts). A total of 23 Woreda field staff, 20 Health Extension Workers (HEWs) and 20 health army workers (community volunteers) were also trained in GW-free Woredas of Gambella Region. The reward was raised to \$100 in 2014, and the program is preparing broadcast messages and seeking a Public Relations/communications firm to develop a comprehensive marketing strategy for dissemination of messages about GWD and the cash reward. The Carter Center recently completed a Project Agreement (PA) negotiation with Southern Nations and Nationalities Peoples Region, and implementation of surveillance in that region is expected to begin soon. The Carter Center is currently negotiating a National Project Agreement, which includes national surveillance. GW is a reportable disease within the Public Health Emergency Management surveillance system. The EDEP plans to use all health army and HEWs in surveillance level II areas to report community based rumors of possible cases of GWD with the district level surveillance system so these can be immediately investigated. The national EDEP secretariat plans to establish and promote the use of a telephone "Hot Line" for reports of rumors about possible cases of GWD from



provide space for the national GWEP secretariat at the ministry. The Carter Center has provided 4 pre-fabricated container offices.

Note: Once transmission is interrupted in areas with endemic transmission (during 2015-2016), surveillance modalities nationwide will become those prescribed for surveillance level III areas.

\* Surveillance levels I, II, and III were defined and described in *GW Wrap Up* # 234.

## NEWS FROM THE WORLD HEALTH ORGANIZATION

**Sudan:** Dr. Dieudonne Sankara and Ms. Junerlyn Agum from WHO Headquarters and Dr. Albis Gabrielli from the WHO Eastern Mediterranean Regional Office visited Sudan to assess the status of progress towards certification of Sudan as Guinea worm free country. Dr. Naeema Al Gasseer, WHO Country Representative in Sudan; Dr. Khalid El Tahir of WHO office/Sudan and the visiting team met with Dr. Drisam, Undersecretary of the Federal Ministry of Health; Dr. Abassi, Director of Basic Health Care; Dr. Moussab, Director of Control of Neglected Tropical Diseases; the Director of Integrated Disease Surveillance and Response and his staff, including Ms. Hind, Focal Point Guinea Worm Eradication within IDSR. Members of the mission also met with Dr. Nabil Aziz, The Carter Center Country Representative in Sudan.

**Ethiopia:** The WHO Country Representative, Dr. Pierre N'Pele and staff from the WHO country office visited Gambella from 10-14 June 2015, and held discussions with Regional Health Bureau, Administration for Refugee and Returnee Affairs (ARRA) and other partners for increased GWD surveillance in the region. To also boost surveillance activities among refugees, WR Ethiopia also paid a visited in Kule refugee camp.

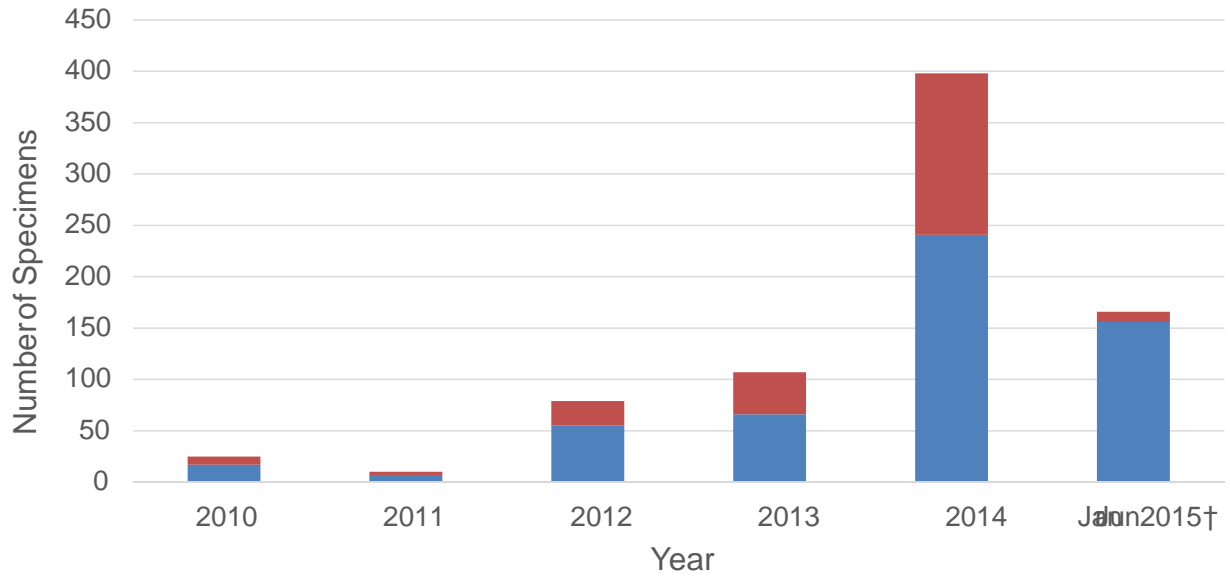
As part of strengthening surveillance for cases of GWD in the refugee camps, a WHO field officer provided supervision, and held community mobilisation awareness creation sessions in Tierkide, Dimma and Kule refugee camps during July 2015.

WHO will host trainings on GWD surveillance and response, and on community mobilisation and awareness during August 24-26, 2015 for health workers supporting the Administration for Refugees and Returnees Affairs (ARRA), staff from NGOs for disease surveillance and management among refugees, as well as staff at Governmental Health Center catchment areas hosting refugees in Gambella Region.

## MEETINGS

- x South Sudan GWEP Mid-Year Review: Kapoeta, September 2-3, 2015
- x Chad GWEP Annual Review: N'Djamena(?), November 16-17, 2015
- x South Sudan GWEP Annual Review: Juba , December 9-10, 2015
- x Ethiopia DEP Annual Review: Gambella, December 14-15, 2015
- x Mali GWEP Annual Review: No dates yet.

Number\* of Specimens Removed from Humans and Received by the U.S. Centers for Disease Control



## **AMERICAN MUSEUM OF NATURAL HISTORY EXHIBIT EXTENDED**

The exhibition “Countdown to Zero: Defeating Disease” which opened at the American Museum of Natural History in New York City in January this year has been extended from its originally planned duration there of six months until January 2017 due to the exhibit’s popularity. The exhibit features the progress towards eradication of Guinea worm disease, but also includes material on smallpox and polio eradication, as well as elimination of lymphatic filariasis and onchocerciasis, and control of malaria, schistosomiasis and Ebola.